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MANCHESTER
CITY COUNCIL

Children and Young People Scrutiny Committee

Date: Wednesday, 24 May 2023
Time: 10.00 am
Venue: Council Chamber, Level 2, Town Hall Extension

This is a **Supplementary Agenda** containing additional information about the business of the meeting that was not available when the agenda was published

Access to the Public Gallery

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Membership of the Children and Young People Scrutiny Committee

Councillors –
Reid (Chair), N Ali, Alijah, Amin, Bell, Cooley, Fletcher, Gartside, Hewitson, Judge, Lovecy, Ludford, McHale, Nunney and Sadler

Co-opted Members -
Mr G Cleworth, Miss S Iltaf, Ms K McDaid, Canon Susie Mapledoram, Mrs J Miles, Ms L Smith and Mr Yacob Yonis

Supplementary Agenda

Further Information

For help, advice and information about this meeting please contact the Committee Officer:

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This supplementary agenda was issued on **Thursday, 18 May 2023** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

Manchester City Council
Report for Information

Report to:	Children and Young People Scrutiny Committee - 24 May 2023
Subject:	Children's Community Health Services
Report of:	Strategic Director of Children and Education Services

Summary

This is the first Children's Community Health Service (CCHS) report received by the Committee, although it should be noted that CCHS provides a partner contribution to a number of Committee reports. The purpose of this report is to;

- Provide an overview of CCHS
- Provide a short summary of CCHS's response to the covid 19 pandemic
- Consider the national and CCHS position, post covid, for children
- Share the current areas of focus for CCHS
- Detail a number of recommendations

Recommendations

1. To review the report and to be informed of the Children's Community Health Services offer available to Manchester children and families.

2. To consider future plans with respect to the requirements and if needed increased provision need of CCHS.

3. Be aware of the services provided by CCHS and explore any negative impact and mitigations in response to financial constraints.

4. Continue to support CCHS and positively profile the work undertaken, follow the twitter account @CCHSmcrtrafford

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
No direct impact, however Healthy Schools includes the healthy lifestyle programme which includes the importance of working towards zero carbon.

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
Children’s Community Health Services strives to provide a quality offer to all Manchester Children and Families.

Manchester Strategy outcomes	**Summary of how this report aligns to the OMS/Contribution to the Strategy**
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The universal provision of the Healthy Child Programme supports a healthy start in life and is essential in enabling children to achieve their full potential and to positively contribute to the city.
A highly skilled city: world class and home-grown talent sustaining the city’s economic success	The vision for Children’s Community Health Services is for every child in Manchester to have the best health possible, this supports children to have a healthy childhood which is essential to enable their success and contribution to the city as adults.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Children’s Community Health Services strives to provide a quality offer to all Manchester Children and Families.
A liveable and low carbon city: a destination of choice to live, visit, work	No direct impact, however Healthy Schools includes the healthy lifestyle programme which includes the importance of working towards zero carbon.
A connected city: world class infrastructure and connectivity to drive growth	Children’s Community Health Services support children and families to be healthy, consequently they are then able to actively contribute to growth in the City.

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Background documents (available for public inspection): Not applicable

1. Introduction

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2. Children's Community Health Services within Manchester Foundation Trust

2.1 CCHS forms part of Manchester Local Care Organisation (MLCO), which is managed by Manchester Foundation Trust (MFT). MFT Trust was formed in 2017 and provides community and secondary care services to the populations of Manchester and Trafford, and specialist services to patients from Greater Manchester (GM), the North West and the rest of the UK.

2.2 MFT comprises of ten hospitals plus the Manchester and Trafford Local Care Organisations (LCOs). MFT includes the Royal Manchester Children's Hospital which provides Child and Adolescent Mental Health Services (CAMHS), please note CAMHS is not provided by CCHS and is not therefore covered within this report.

2.3 Please see the following diagram which provides an overview of MFT hospital and community services.

3. Children's Community Health Services within the Local Care Organisation

3.1 CCHS forms part of Manchester Local Care Organisation (MLCO), which was formed on 1 April 2018, the MLCO is a public sector organisation that provides NHS community health services and adult social care services.

3.2 The LCO's mission statement is; 'leading local care, improving lives in Manchester, with you'. In simple terms, the LCO has been set up to:

- Make a positive contribution to help children, families and residents in Manchester live longer and enjoy better health
- Improve community and neighbourhood care for children, families and residents in the city.

4. Children's Community Health Services

4.1 The vision for Children's Community Health Services is 'for every child in Manchester to have the best health possible', CCHS aims to deliver services that meet the health needs of children and young people and support them and their parents / carers in managing health needs.

4.2 The vision was initially developed in 2016 and reviewed in 2018 with consideration of alignment to:

- Manchester Local Care Organisation vision; Leading local care, improving lives in Manchester, with you.
- Manchester Foundation Trusts vision for the organisation to be recognised as excelling in quality, safety, patient experience, innovation and teaching; dedicated to improving health and well-being for our diverse population.
- Overarching partnership vision for the city; Our Manchester, Our Children – building a safe, happy, healthy and successful future for children and young people.
- Children, young people and family's needs (according to their feedback)

4.3 Please see the following diagram which provides further details in respect of the CCHS vision.

Children's Community Health Services Directorate Strategy 2020 to 2025

Manchester Local Care Organisation

Vision
Our vision for Children's Community Health Services is for every child in Manchester to have the best health possible.

Our **strapline,** which will appear on our e-mails, is:

"Working together to enable every child to have the best health and wellbeing possible."

We will aim to achieve our **vision** by:

Working with families, providing integrated services in partnership with other agencies, which meet the health needs of children and young people. We will provide support to children, young people and their families to enable them to manage their health needs. We will provide safe, effective and high quality care and advice in the community through appropriately trained and skilled staff, working in suitable, child friendly environments.

Our aims are closely aligned to:

- The overarching partnership vision for the city is; Our Manchester, Our Children – building a safe, happy, healthy and successful future for children and young people.
- Manchester Local Care Organisations vision; Leading local care, improving lives in Manchester, with you.
- The overarching Manchester Foundation Trust vision to improve the health and quality of life of our diverse population by building an organisation that: excels in quality, safety, patient experience, research, innovation and teaching; attracts, develops and retains great people and; is recognised internationally as a leading healthcare provider.
- The Royal Manchester Children's Hospital strapline; our family looking after yours.
- St Mary's Hospital purpose; to deliver clinically excellent care to women, families and individuals across Manchester and beyond, by providing safe, innovative, evidence based and efficient services.

What Children, Young People and families tell us they need

- To see someone they know and can trust
- Appointments when they need them, at a time they can manage, including out of hours
- Visible, accessible and confidential services with easy means of communicating with the service
- Practitioners with good interpersonal skills with whom they can establish a relationship
- Technology in use during their care
- Information that is easily available, including via social media and websites

Sources

What our children and young people and families tell us:
Our Manchester, Our Children: Manchester's Children and Young People's Plan 2016-2020
The Manchester Parent Carer Survey, July 2019

4.4 CCHS provides 10 specific services (listed below), with a number of sub service offers provided within the larger services;

1) Health Visiting and Vulnerable Babies Service
2) School Health and Healthy Schools
3) Children's Community Nursing Team
4) Community Paediatrics (doctors)
5) Speech and Language
6) Physiotherapy
7) Occupational Therapy
8) Audiovestibular medicine; Audiology, Newborn Hearing Screening Professionals
9) Orthoptics
10) Child Health (administration)

4.5 Appendix 1, CCHS Quick Facts, provides an overview and key contacts for each service.

4.6 CCHS employs 750 staff, including; Nurses, Doctors, Allied Health Professionals and administrators, across services.

4.7 CCHS has, since 1990, delivered universal, targeted and specialist health services to children and young people, on a Manchester city wide footprint. Over half of children's community health staff provide universal services, which are commissioned and provided on the basis of a universal offer and intended to identify additional need at the earliest possible point.

4.8 The specialist services provide care essentially to the city's most vulnerable children, vulnerable because of severe illness, disability or safeguarding concerns.

4.9 CCHS, some facts and figures.

- Health Visiting, School Health and the Newborn Hearing Screening Professionals service provide a universal offer to all children in Manchester, that's:
- 37,100 children aged 0 to 4 years resident in Manchester (HV and NHSP)
- 103,800 children agreed 5 to 19 years resident in Manchester (SH)
- Services provided 320,000 + annual contacts to children and families in Manchester.
- 8,000 + babies received hearing screening (universal offer)
- 7,000 + children received vision and hearing screening (universal offer)
- 13,000 + children receive height and weight measurements as part of the National Child Measurement Programme (universal offer)
- Supported 7,263 children's safeguarding referrals.

4.10 Appendix 2 provides case studies for CCHS which demonstrates the valuable support provided to children and families across Manchester.

4.11 Appendix 3, Manchester Child Health profile, March 2023, provides additional figures for interest.

5. The CCHS response to the Covid 19 pandemic

5.1 On 30th January 2020, National Health Service England (NHSE) declared a Level 4 National Incident, in response to the covid 19 pandemic, triggering the first phase of the NHS response. This was followed by the announcement of a national lockdown on 23rd March 2020, the LCO's response to the national lockdown was governed by NHSE's guidelines for community service prioritisation dated, 19th March 2020 (appendix 4).

5.2 For CCHS the national NHS covid prioritisation guidance meant that routine activity was paused between March and June 2020, for CCHS the services / offers paused included the National Child Measurement Programme (NCMP), Audiology, vision screening, development reviews, the Healthy Schools programme, the core immunisation offer and routine therapy. The staff who were available for work focussed on the service elements which could be provided and on developing remote support for children and families.

5.3 As services started to recommence routine activity in June 2020 this was in a very slow, managed way, initially allowing fewer children into Health Centre's and dedicating time to clean and change Personal Protective Equipment (PPE) between appointments.

5.4 Throughout the covid pandemic Health Visitors continued to provide the Healthy Child Programme, the programme was adapted to undertake virtually, with the option to undertake contacts face to face (F2F) according to a clinical assessment tool available throughout the pandemic. Routine contacts starting to return to F2F from August 2020. This is an important point as many Health Visiting Services completely closed to routine contacts, from March 2020 in Manchester the importance of early identification and early help was recognised and service provision continued.

5.5 In September 2021 the school age covid vaccination programme commenced, School Nurses provided this programme, which required the majority of the Manchester School Nursing team, with the exception of those dedicated to safeguarding roles.

5.6 Services fully recommenced business as usual practice from April 2022, on the completion of the second dose of the covid immunisation in schools.

6. Post covid / living with covid, the national position for children

The NHS Confederation, which is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland, published the report, 'Hidden waits: the lasting impact of the pandemic on children's services in the community' on 8 April 2022. The report located at the following link, https://www.nhsconfed.org/publications/hidden-waits-lasting-impact-pandemic-childrens-community-services makes a number of key points;

- The COVID-19 pandemic has had a unique and significant impact on children and young people, particularly on social development, education and mental health. However, this impact has not been felt equally across society with some groups (particularly those from more disadvantaged backgrounds and those with disabilities) disproportionately affected.
- Access to community health services for children and young people has been significantly affected by the pandemic. At points during the pandemic effort, community services staff were redeployed from some children and young people's services to prioritise an urgent and timely response to the pandemic. While this may have been the right clinical prioritisation during a national crisis, its impact may be long lasting for some children and young people.
- NHS England and NHS Improvement (NHSEI) data from January 2022 estimates that over 900,000 children and adults are waiting for services as part of a community services care backlog.
- While not part of official backlog figures, a reduced service offer during the pandemic has had an impact on children and young people and their families. For instance, face-to-face health visiting can support early interventions and build important relationships with families. Some of these key windows of opportunity have been missed.
- Workforce pressures, including shortages of staff in some key services, make it difficult for community providers to increase delivery to address backlogs of care.

- Complex commissioning and contracting arrangements, which are often based on historic agreements, also make it challenging to address the backlog of care in these services.

7. Post covid / living with covid, the Manchester CCHS position

7.1 Considering the Manchester position against the national picture the following points should be noted.

- Manchester did not redeploy the children's workforce on mass, as was seen in other areas of the country. There were a small number of Allied Health Care Professional (AHP's) deployed to provide training on Personal Protective Equipment (PPE) across the LCO. This is with the exception of the School Nurses who were in the main redeployed to provide the school age covid vaccination programme from September 2021.

- Waiting lists have in some services, increased, this is in part due to the restrictions of service provision implemented by NHSE and additionally due to the impact of covid restrictions on children and families. The following details the longest wait for a new patient appointment @ April 2023

Health Visiting and Vulnerable Babies	0 weeks
School Health	0 weeks
Children' Community Nursing Team (acute)	1 day
Community Paediatrics	32 weeks
SaLT	35 weeks
Physiotherapy	15 weeks
Audiovestibular	10 weeks
Orthoptics	10 weeks

  - Face to Face (F2F) consultations were available during the covid lock downs and these were provided according to a risk assessment tool. In addition, other contact options were available.
  - Workforce pressures are evident in Manchester, as is reported nationally. Factors affecting the current pressure includes; staff members deferred retirement during covid, the clinically work post covid is in part changed, new employment opportunities have arisen post covid.
  - The vacancy rate across CCHS services is currently 5 % (32 vacancies), this seems a relatively low number but needs to be considered against;
  - The ability to respond to new initiatives and provide enhanced services due to the ability to recruit staff in some core services; namely SaLT, OT Health Visiting and School Health.
  - The approach taken by services to where possible recruit to alternative posts, for example in Health Visiting as Health Visitors are difficult to recruit additional Nursery Nurses have been recruited
  - The use of agency staff and staff undertaking additional hours, this is particularly evident in the Children's Complex Care Service (part of CCNT), which relies on agency for over half of the packages of care provided

7.2 There are a number of factors evident in Manchester which particularly impact on the provision of CCHS, these are;

- Forecasting indicates that the population of 0-18 year olds in Manchester will rise by approximately 7% (9,821) between 2021 and 2028 and will then stabilise or reduce by a fraction of a percent between 2028 and 2031. *(Figures taken from Manchester City Council Forecasting Model Tool, Corporate Intelligence, 2020).*
- In addition, the special needs pupil population is predicted to increase to 1,932 children by end of academic year 2024/25. This will represent a total increase of 64% in the pupil population over a 10-year period.
- Health commissioned capacity has not kept pace with, the number of children and young people in the city, and projected numbers. Commissioning structures changed in 2022 with the creation of Integrated Care Boards (ICB's) and Locality structures, these new structures are managing in an increasingly challenging environment in respect of funding. It is of note that health funding does not automatically increase in line with increasing population numbers (or the expansion of schools).
- Greater Manchester experienced extended lockdowns due to the prevalence of covid and this extended the associated negative impact of lockdown restrictions for our Manchester population. CCHS are now consequently for example, supporting increased low level mental health concerns and increased levels of obesity.

7.3 The covid pandemic had a number of positive lasting benefits for the NHS and CCHS, specifically;

- IT tools and practice was accelerated to support remote service provision, this has meant that the workforce was and is able to operate in the most effective way in respect of time and the service is able to support children and families to access a range of offers. Social media presence has expanded and there is an excellent remote offer available, promoted via social media.
- Working from home was the national directive during covid, although this is not possible for much of our workforce, flexible working has developed to the benefit of both staff and the service and this has supported the approach to recruitment and retention, a key priority.

8. CCHS areas of focus

8.1 Each service within CCHS is focused on delivering a responsive quality service offer to children and families post covid. Strategically there are some key areas of focus which are detailed below.

8.2 The MLCO has commenced a full review of all its community health services, led by the deployed health commissioning team. The aim of this work is to understand how our services have developed in recent years and identify opportunities for how we can ensure they are sustainable for the future by addressing any inequity of access and outcomes. The outputs and next steps proposed through the review will be shared with stakeholders and partners in accordance with our established partnership approach.

8.3 This review is a multi-year programme and in 23/24, for CCHS services, the priority for the work is Speech and Language Therapy (SaLT) and Special Needs School Nursing (SNSN). There are longstanding pressures within this service relating to demand and capacity which were evident post covid and were formally recognised by the Care Quality Commission (CQC) Review of MFT in 2018. The LCO work will run in parallel to the Greater Manchester Balanced System Review of SaLT Services, which commenced in 2022.

8.4 In support of the above the Manchester Public Health team are in the process of organising a Children's Health Summit, to define the Children and Young People's Programme priorities for Manchester Partnership Board and agree where there are further opportunities for collaborative working. This session will bring senior leaders across the health and care partnership together to; build on and strengthen existing relationships between partners, develop a shared understanding of what we need to do together to support children and their families and secure the mandate for the delivery of a children's programme of work through the Manchester Partnership Board.

8.5 The review of the Special Needs School Nursing Service (SNSN) commenced pre covid and a new operating model is now in place, work is underway to fully implement all aspects of the new model. Funding has now been secured to enable provision to the new special school, Prospect House and to cover the expansion of an existing school. Discussions are now underway to work with schools to review the service model and agree options to support the sustainability of the services into schools.

8.6 The School Health service was reviewed and restructured in 2015 and was due to be reviewed again in 2020, this was paused due to covid and has recently recommenced and will be led by Public Health and undertaken in partnership with the LCO as the provider. This review will ensure there is a clear focus and offer for the School Health service going forward and this is informed by stakeholders and current health trends. The review aims to complete by October 2023 when a new service specification will be in place.

8.7 CCHS provide the core school age immunisation programme, the national government directive was to pause the core programme from March 2020 to January 2022 resulting in the need to deliver a significant catch up programme. The core programme has developed, as a positive result of covid, and the service now offers a digital consent option, in addition an electronic booking option for catch up clinics, when it was not possible to provide the immunisation in school, is in development.

8.8 Post covid the service is finding that parents have more concerns about the core immunisations, sometimes confusing this with the covid immunisation, work is underway nationally as well as locally to support uptake of the core programme. The LCO Neighbourhood approach will be utilised to target areas of low uptake and will enable active engagement with key communities.

9. CCHS and the partnership areas of focus

CCHS operates within a partnership model, specifically as a key partner in the Early Years Delivery Model and the Start Well Partnership Board, there is shared benefit from all partnership workstreams, a selection of which are detailed below;

- The Kickstarter programme, which will focus specific resource in schools with a reduced Good Level of Development (GLD) rating, this offer which is in development will include a specific resource to support language development.
- Family Hubs which will include an enhanced offer for speech and language development and infant feeding, with on site and local support available to children and families.
- Baby week, which is an initiative supported by health visitors, where they will work as part of the partnership and will actively promoting the services provided to babies and families throughout this week.

10. Recommendations

10.1 To review the report and to be informed of the Children’s Community Health Services offer available to Manchester children and families.

10.2 To consider future plans with respect to the requirements and if needed increased provision need of CCHS.

10.3 Be aware of the services provided by CCHS and explore any negative impact and mitigations in response to financial constraints.

10.4 Continue to support CCHS and positively profile the work undertaken, follow the twitter account @CCHSmcrtrafford

Manchester Local Care Organisation

Leading local care, improving lives in Manchester, with you

Manchester Children's Community Health Services

Quick Facts Document

April 2023

ManchesterLCO.org

Powered by:

Manchester University NHS Foundation Trust

Greater Manchester Mental Health NHS Foundation Trust

Manchester City Council

Manchester Health & Care Commissioning

The Manchester Primary Care Partnership

Content

Service

Universal services

Specialist Services

Children's Community Health Services Directorate Strategy 2020 to 2025

Trafford Local Care Organisation
Leading local care, improving lives in Trafford with you

Manchester Local Care Organisation
Leading local care, improving lives in Manchester, with you

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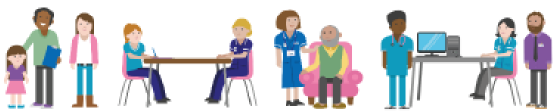

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Sources

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The Manchester Parent Carer Survey, July 2019

Strategic Aims

1. Deliver effective prevention

- Prioritise public health in everything we do, focusing on prevention activities
- Ensuring front line Practitioners have a good understanding of the offer (services available) across the city to support sign posting
- Enhance and reinforce public health messages via social media
- Adopt and promote evidence-based approach to support effective prevention e.g. Adverse Childhood Experiences

2. Deliver effective interventions to improve health

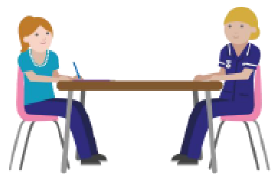
- Services and staff members to have an aspiration for excellence
- Improve access to services and reduce waiting times
- Provide text reminders for all appointments
- Monitor and improve services by encouraging and positively responding to feedback
- Treat children, young people, and families with compassion, kindness, dignity, and respect
- Develop relationships built on trust, through continuity of care
- Embed a culture of continuous learning focused on evidence-based practice to meet the need of children, young people and families
- Ensure appropriate skills available in all services
- Support teams to realise the potential benefits of the Electronic Patient Record
- Work to facilitate improved connectivity between various IT systems in use in Manchester
- Work with our partners to support integrated care pathway development and information sharing
- Enhance our current offer by developing skill sets and expertise

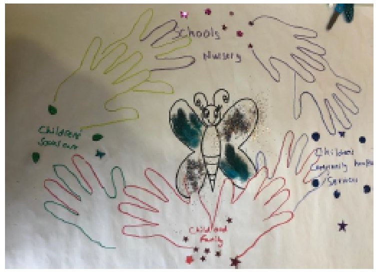
3. Value our staff and promote their wellbeing

- Value and support our staff
- Enable all staff to reach their potential
- Recognise and celebrate achievements
- Positively encourage staff to use the Employee Assistance Programme to support their health and wellbeing
- Support team members to achieve a good work / life balance

4. Embrace technology to aid communication and support service delivery

- Services to develop their specific social media approach
- Profile each of the Directorates services through the twitter account
- Embrace technology and use in healthcare e.g. tele medicine and video conferencing





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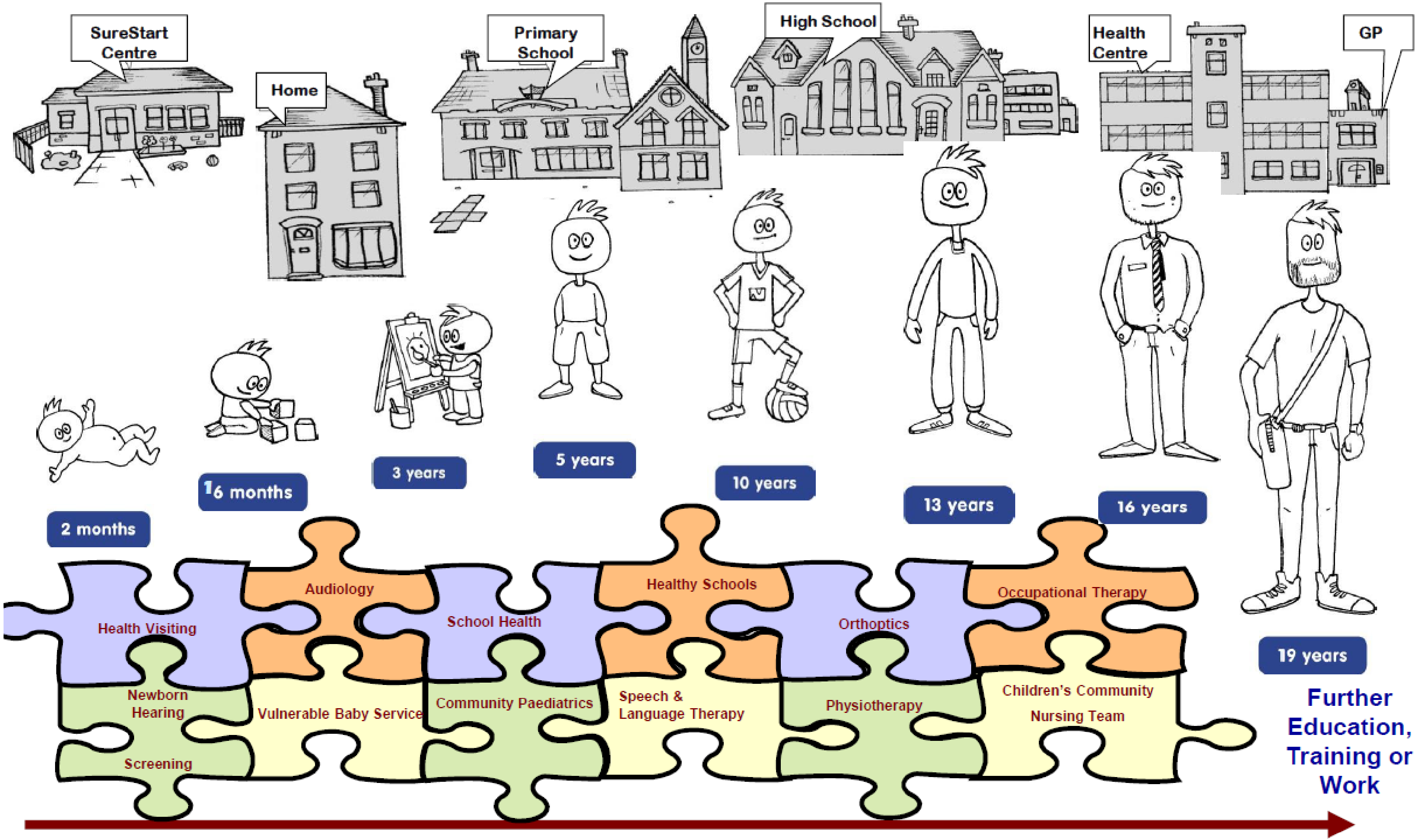
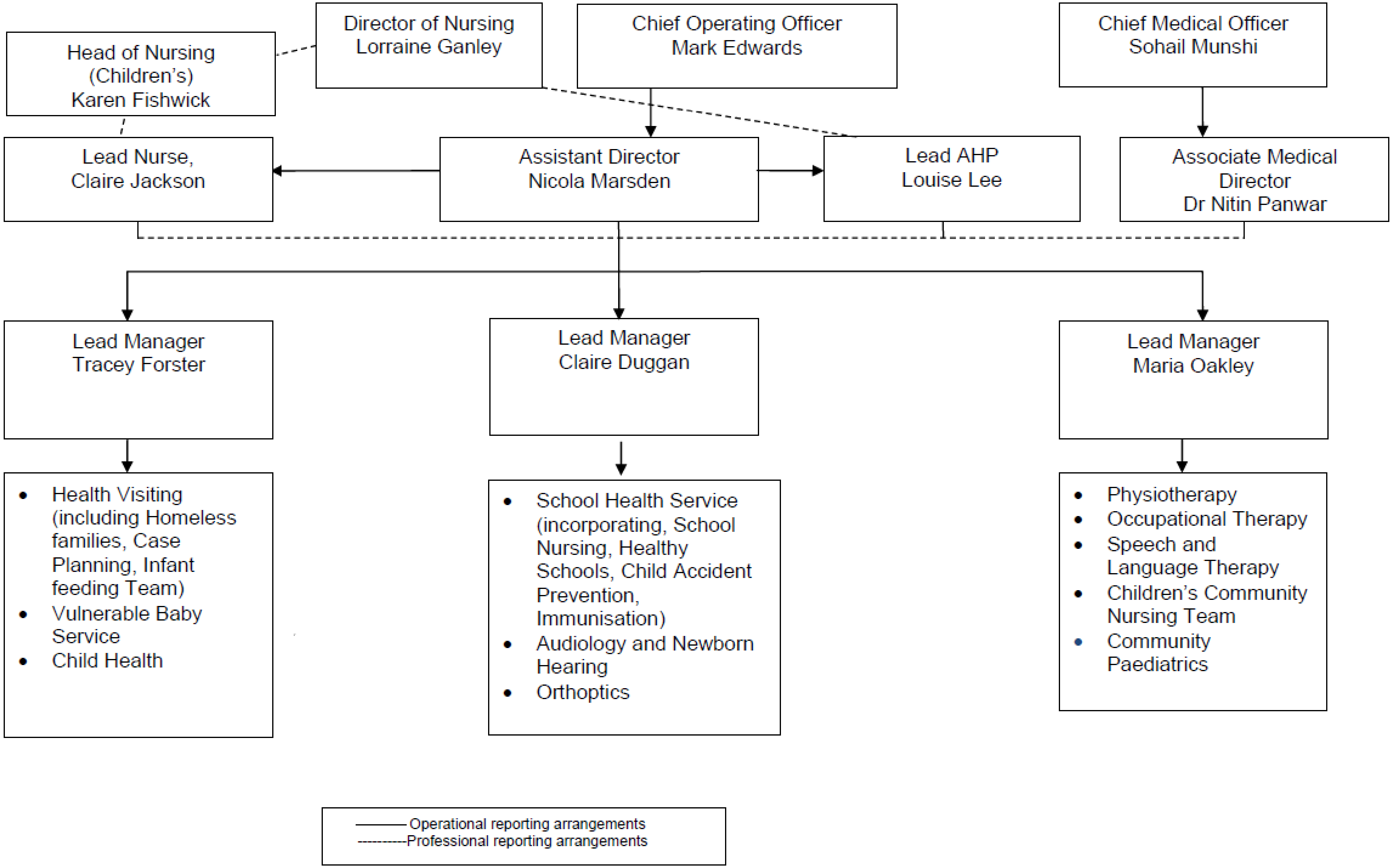
Appendix 1, Item 6



Children's Community Health Services - together we make a difference

Children's Community Health Services Management Structure, April 2023

Manchester Local Care Organisation
Leading local care, improving lives in Manchester, with you



Universal services are services that all children and young people and their families have access to.

Health Visiting Service

Main areas of work

The health visiting service offers a pro-active public health service to children and their parents/carers from pre-birth to 4 ½ years of age. Health visitors are qualified nurses/midwives who have a specialist qualification in public and community health. They offer evidence-based information and support to parents/carers in their homes and health/social care centres. Health visitors work alongside midwives, GPs, paediatricians, social workers, and parents /carers to enable the most beneficial outcomes for their child/children. The service offers:

- Antenatal contacts for parents to be a holistic assessment and identification of current and future needs re: sensitive parenting, healthy weight, benefits of breastfeeding, attachment, maternal mental health.
- New birth visit to every new baby, a holistic, proactive clinical assessment and identification of current and future needs of infant and parents/carers. Includes health concerns, mother-baby interactions, skin to skin contact, safe bed sharing, communication with your baby, vitamins and immunisations.
- Healthy drop-in sessions for well babies/children. Delivery of the Healthy Child Programme (DH, 2009).
- Maternal mental health assessments at 6-8 weeks
- Health and developmental reviews for all children at 9 months and 2 years
- Offer early intervention and support to those children/parents/carers that may have additional needs.
- Health visitors utilise their established relationships with families to offer support, brief interventions and appropriate early referral to enable a child's basic needs to be met and to minimise the risk of poor health outcomes.

Heads of Service

Jenny Lewis (jenny.lewis@mft.nhs.uk)
Head of service for central district

Lisa Sanchez (lisa.sanchez@mft.nhs.uk)
Head of service for south district

Maria Graham (maria.graham@mft.nhs.uk)
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Telephone: (0161) 946 9404

School Health Service

Main areas of work

The Manchester School Health Service is a universal public health service for children and young people of school age. It comprises of School Nurses (incorporating the Vulnerable School Children Team), Health Improvement Practitioners (Healthy Schools Team), Immunisation Team, Screening Team and Vulnerable School Children Team. They operate citywide across Manchester working in partnership with schools to improve the health outcomes of children, young people, and their families. The service ensures that children, young people and their families have access to a core programme of preventative health care, with additional care based on need. In Manchester, the service is commissioned to contribute to the public health children and young people's wellbeing agenda via the delivery of the following programmes:

- Healthy Child Programme Years 5-19 and includes safeguarding children and young people
- National Child Measurement Programme at Reception and Year 6
- National Immunisation Programme
- Core Screening including vision and hearing at Reception
- Support with medical conditions
- Health Improvement Specialists offer training, support and resources to schools to help children feel happier, healthier, and safer
- ChatHealth – a safe, secure and confidential text messaging service for 11-16-year olds operated by School Nurses

Operational Head of Service

Denise Gaston (denise.gaston@mft.nhs.uk)

Clinical Head of Service

Sam Shaw (sam.shaw@mft.nhs.uk)

Contact details:
Address: Wythenshawe offices, 1 Stancliffe Road, Sharston, Wythenshawe, M22 4PJ
Telephone: (0161) 946 8270

Healthy Schools

Main areas of work

Universal public health/prevention (non-clinical) service for Manchester schools. The service contributes to reducing health inequalities and improving the health and wellbeing of children aged 5- 16 in the following public health areas:

Public health areas:

- Relationship and Sexual Education
- Drugs and Alcohol Education
- Healthy Lifestyles
- Mental Health and Wellbeing
- Social and Emotional Health
- Unintentional Injury Prevention

Using the Manchester Health Check (a local self-evaluation tool), schools identify needs relating to key Public Health priorities including:

- Reducing the under 18 conception rates.
- Reducing young people's misuse of drugs and alcohol.
- Tackling obesity
- Improving children's emotional health and wellbeing.

The team of health improvement specialists support schools to develop needs led action plan enabling them to utilise training, resources and guidance which support their identified health priorities

Team Lead

Helen Johnstone (helen.johnstone@mft.nhs.uk)

Contact details:
Address: Wythenshawe offices, 1 Stancliffe Road, Sharston, Wythenshawe, M22 4PJ
Telephone: (0161) 946 8270

Immunisation Team

Main areas of work

The Immunisation Team is a part of the Manchester School Health Service and is responsible for the delivery of the school aged (5-16) immunisation programme to children and young people attending Manchester educational settings. Qualified nurses are assisted by support workers to deliver the following aspects of the national programme:

HPV (human papilloma virus) offered to all pupils in Year 8. This protects against cervical, head and neck cancers.

Tetanus, diphtheria and polio (Td/IPV) given to all pupils in Y9. This is the fifth and final booster dose of the childhood immunisations which your child received as a baby.

Meningococcal groups A, C, W and Y disease (Men ACWY) given to all pupils in Year 9.

The national immunisation programme has meant that dangerous diseases, such as polio, have disappeared in the UK. But these diseases could come back – they are still around in many countries throughout the world. That's why it's so important children are protected. In the UK, such diseases are kept at bay by the high immunisation rates.

Immunisation Team Lead

Julie Bowden (julie.bowden@mft.nhs.uk)

Address: Parkway 5, Princess Parkway, Manchester, M14 7HR
Telephone: (0161) 674 0472

Newborn Hearing Screening Programme (NHSP)

Main areas of work

National universal neonatal hearing screening programme is available to all babies in Manchester Hospitals and/or living in Trafford, Salford and Bury districts. Screening is performed in maternity departments at St. Mary's Hospital, Wythenshawe Hospital, North Manchester General Hospital and Community Outpatient Clinics in Manchester, Trafford, Salford and Bury.

Clinical Lead

Dr Zarina Naeem (zarina.naeem@mft.nhs.uk)

Contact details
Address: Paediatric Audiology Department, 1st floor, Moss Side Health Centre, Monton Street, Moss Side, Manchester, M14 4GP.

Telephone: (0161) 232 1511
Service email: mft.communityaudiology@nhs.net

Specialist Services

Targeted/additional services are for children and families who have been identified as those with additional needs and/or risk factors, needing early targeted or integrated support to prevent problems developing or worsening. Children and families for who integrated support is insufficient may require safeguarding and integrated support from statutory or specialist agencies.

Audiology

Main areas of work

We provide an assessment and diagnostic service for children with known or suspected hearing impairment. We fit and monitor children's hearing aids from birth until they transfer over to adult services.

Our Audiology Service also provides:

- Aetiology Clinics – to investigate the cause of a child's hearing loss
- Vestibular (balance) Clinics – to investigate dizziness or imbalance symptoms in children
- Audiovestibular Medicine input to the Regional Cleft Lip and Palate Service (Northwest)
- Auditory Processing Disorder Clinics – for children with normal hearing but where there are concerns about their listening and processing of sounds
- Micro suction Clinics – for examination of children's ears with a microscope to tr eat a variety of symptoms (dewaxing, infection etc)
- Transition to adult services – a gradual transfer of care for each child to the appropriate adult service
- Tinnitus and Hyperacusis Clinics - for children with intrusive tinnitus and /or sensitivity to sound
- Single-sided Deafness Clinics – for rehabilitation of children with a hearing loss/absence of hearing in one ear

Clinical Lead
Dr Colm Madden (colm.madden@mft.nhs.uk)

Contact details
Admin Address: Audiology Department, 1st floor, Moss Side Health Centre, Monton Street, Moss Side, Manchester, M14 4GP.

Telephone: 0161 232 4215
Service email: **mft.communityaudiology@nhs.net**

Children's Community Nursing Team

Main areas of work

All children aged from birth to 16 years or 19 years for those with complex health needs and in full time education, with a nursing need. The service is made up of:

- Acute nursing team
- Asthma team
- Continence Team
- Complex Care team
- Special Needs School Nursing team
- Palliative care team
- Epilepsy team
- Phlebotomy service

Care is provided mainly via home visits and booked clinics.
Appointments are routinely offered at Ancoats PCC and Forum Health Centre Wythenshawe.

Referrals are accepted from:

- Hospitals
- GP
- Walk-in- centres
- Professionals working within social care and education
- Professionals working in the non-statutory sector
- Self and family

Heads of Service

Soraya Begum (soraya.begum@mft.nhs.uk)
Sarah Clayhills (sarah.clayhills@mft.nhs.uk)

Contact details:
Address: Longsight Health Centre, 526 – 528 Stockport Road, Longsight, Manchester, M13 0RR
Telephone: (0161) 248 1242

Physiotherapy

Main areas of work

The Physiotherapy team specialises in treating children and young people aged 0-18 years (19 years in specialist support schools) with developmental difficulties or physical disability. Our goal is to enable these children and young people to reach their full physical potential and to participate as fully as possible in family, school and wider social life. Staff assess and develop individual treatment plans as well as training parents/carers, nursery and education staff to implement these at home, and in school. For younger children, treatment is delivered through play activities whenever possible. The team works closely with colleagues in health, education and social care to provide holistic, child and family centred care.

The Physiotherapy Musculoskeletal (MSK) service is a clinic-based service treating children and young people aged 0 – 18 years with acute or developmental musculoskeletal conditions. Treatment is available at a number of clinics across Manchester.

Head of Service

Michele Openshaw (michele.openshaw@mft.nhs.uk)

Contact details
Address: Gorton Clinic, Blackwin Street, Gorton, Manchester, M12 5JY
Telephone: (0161) 230 0301

Speech and Language Therapy

Main area of work

The Speech and Language Therapy team specialises in the assessment, diagnosis and appropriate management of children and young people aged 0-16 years (or up to 19 if the young person attends a specialist support school) with speech, language and communication needs and/or feeding and swallowing difficulties. The service promotes prevention and early intervention and delivers training and advice in schools, health centres and children's centres. A range of speech and language therapy interventions are available to support children and young people with speech , language, social communication, voice, feeding and swallowing disorders, including developing augmentative means of communication when necessary.

Heads of Service

Lisa Aspden (lisa.aspden@mft.nhs.uk) and Philippa Green, (philippa.green@mft.nhs.uk)

Contact detail
Address: Levensulme Health Centre, Dunstable Street, Levensulme, Manchester, M19 3BX
Telephone: (0161) 470 6770

Orthoptics

Main areas of work

The Children's Community Orthoptic Service is an easily accessible service. It is a city-wide service and is located in 18 health centres and 10 Specialist Support Schools. It is run by a dedicated team of Orthoptists with great experience of testing children of all ages and abilities. We have an open referral system and accept referrals from any source, including parental requests. It is linked to the hospital services as required. The service provides eye care for children registered with a Manchester GP. Orthoptists detect, investigate and treat eye problems such as reduced vision, squints and lazy eyes. The service provides general Orthoptic clinics, refraction clinics with Optometrists from Manchester Royal Eye Hospital, special school provision, Manchester Vision team and training for health professionals.

Head of Service

Matilda Blythe (matilda.blythe@mft.nhs.uk)

Contact details:
Address: Levensulme Health Centre, Dunstable Street, Levensulme, Manchester, M19 3BX
Telephone: (0161) 470 6779

Community Paediatrics

Main area of work

Community Paediatricians are specialist children's doctors with training and expertise in developmental paediatrics and disability, social paediatrics (including child protection), educational paediatrics and public health for children. They are responsible for the assessment, management and coordination of services for: development delay, neuro-disability and complex needs including leadership of the child development team, vision team, feeding and swallowing team, learning and behaviour problems, child protection clinic, medical services for looked after children, long term foster care or adoption, special immunisation clinic. They also lead the GM rapid response service for unexpected death in Childhood.

Clinical Lead

Dr Rachel D'Souza (rachel.d'souza@mft.nhs.uk)

Contact details
Address: Universal Square, Devonshire Street North, Ardwick, Manchester, M12 6JH

Telephone: (0161) 537 0422

Occupational Therapy

Main area of work

The Occupational Therapy Service works with children to help them be more independent with everyday activities, such as, self-care, schoolwork and any interests or hobbies. The aim is to help children and families to adapt to the challenges they may have to face as a result of the child's disabilities. The service works with children and young people between 0-18 years (or up to 19 if the young person attends a specialist support school) with a variety of conditions e.g. developmental coordination disorder, acquired brain injury, autistic spectrum disorder and cerebral palsy, working with children in different environments e.g. school, home and in the clinic.

Head of Service

Lorraine Donegan (lorraine.donegan@mft.nhs.uk)

Contact details:
Address: Gorton Clinic, Blackwin Street, Gorton, Manchester, M12 5JY

Telephone: (0161) 230 0301

Special Needs Nursing & Dietetics

Main area of work

The Special Needs Nursing Team works with children and young people from 0 -19 years old. The service supports children and families who have long term severe learning and complex health needs. They support children and young people in their own setting either in a specialist support school, hospital or at home. They provide medical input and social support to establish care planning for children and young people with tracheostomies, gastrostomies, oxygen dependency, complex and challenging behaviours and complex disability. They support safeguarding, health screening and provide a communication link for families who have multiagency involvement. The team train carers and families to provide care, facilitating inclusion for the child in social activities within a school or play scheme setting.

Working closely with the Special Needs Nursing team and Community Paediatricians, the Dietician provides nutritional assessment, diagnosis and treatment for all children citywide, with complex health needs who are enterally-fed. Many of these children will be underweight and require nutritional supplements, texture modification and tube feeding.

Heads of Service

Soraya Begum (soraya.begum@mft.nhs.uk
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Vulnerable Baby Service

Main area of work

The Vulnerable baby service is a very small advisory service with a Public Health role to develop and review guidance across the city of Manchester and embed best practice guidance, to reduce risk of SUDI in the local population. Works with multi-agency partners and health care professionals to identify and target families at risk of sudden unexpected death in infants (SUDI) and facilitate case planning meeting to ensure improved outcomes for children. SUDI, case planning, delivering training to other health professionals, care of next infant (CONI) provision, safeguarding, and research. Referral is via a health professional or allied partner.

Head of service
Jane McConkey (jane.McConkey@mft.nhs.uk)

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Telephone: (0161) 861 2258

Child Health

Main area of work

The Child Health Department is a unique citywide admin service that supports a range of services across the city and other outside agencies; this is supported by the Child Health System, Care Plus.

The system maintains an accurate, comprehensive and up to date electronic record for every child resident in or attending a school in Manchester (0-18ys). Working with GP's Social Services, Manchester City Council, and NHS England.

The registration of new births and management of electronic and paper records for every child resident or attending a school in Manchester up to school leaving age or 18 if the child is looked after. Responsibility for screening programme, national child measurement programme, national and local reports and statistics.

This system provides support and the requirements needed within each community service to meet continuing demand.

Head of Service

Pauline Jarvis (pauline.jarvis@mft.nhs.uk)

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For any further information about the Children Community Health Services Directorate please contact the Management Offices at:

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Patient Story 13/02/2023

Children's Community Orthoptic Service

Tracy Sanderson

Introduction

- Identifying significant health issues in a timely manner
- Robust care pathways to enable best patient care
- Delivery of local gold standard health care in community setting.
- Importance of careful history taking
- Importance of school health screening – and ensuring parental consent to allow this to occur.
- Achieving best possible care for patients
- Being vigilant

Background

- 5 year old boy had routine health check at school (Vision, hearing, weight and height).
- Vision in both eyes found to be 4 lines lower than the pass level.
- Urgent referral to orthoptics made – backed up by task sent on EMIS from school health to the orthoptist to identify patient, as per protocol.
- Appointment scheduled for patients to attend local community orthoptic clinic 6 days later.

Orthoptic Assessment

- Child attended for orthoptic assessment
- Reduced acuities confirmed and in addition poor binocular responses identified.
- Mother reports has been worried about child and his vision.
- Mother reports she had taken her child to opticians recently for a check due to her concerns and was told everything was normal.
- In view of clinical findings urgent appointment for examination with eye drops – (this allows the clinician to view the inside of the eye and to measure the eye for glasses in children).

Optometry review

- Child booked for dilated fundoscopy and refraction at same local community clinic the same day.
- Significant long sightedness found and papilloedema – swelling of the optic nerve head at the back of both eyes. On further questioning mother admits that child has been lethargic recently and episodes of unexplained vomiting.
- Urgent referral to Manchester Royal Eye Hospital sent the same day (Friday afternoon).

Medical Intervention

- Orthoptist contacted by email from MREH on the Monday morning and advised that the patient be brought to A and E
- Orthoptist called and spoke to mother and advised to take patient to A and E the same day.
- Papilloedema confirmed and urgent MRI arranged – patient admitted.
- Raised intra cranial hypertension with enlarged ventricles confirmed on scan.

Outcome

- Diagnosis of benign intracranial hypertension.
- Patient started on medication
- Patient under long term monitoring and assessment with paediatric neurologists at Manchester Royal Infirmary.
- Patient remains under monitoring with ophthalmologists at MREH for fundoscopy checks and vision monitoring.

Lessons learned

- Significant health risk identified and treated before long term / irreversible complications arose.
- Unwell child, who could not explain how he was feeling now has required treatment and support in place.
- Good communication pathways between school health, community orthoptics and Manchester Royal Eye Hospital.
- Clinicians identifying red flags and ensuring timely appointments.
- Importance of community services and school health screening in identifying children with health risks.

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Speech and Language Therapy Patient Story Presentation

Rachel Tynan (Specialist Speech and Language Therapist)

Appendix 2, Item 6

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Background

Please note; in order to protect the confidentiality of the child and family the story will refer to the child as 'child' throughout the slide deck.

Child was referred to the Speech and Language Therapy Service by his Community Nursery Nurse, due to concerns around his speech, language and communication. However, limited information was provided at the point of referral.

A case-history was then completed with Mum, who reported a concern level of 8/10, due to child's poor social communication skills. Mum reported child would babble, use 'mama' and 'dada' (not directed), used fleeting eye gaze, demonstrated limited understanding and engaged in repetitive play. Mum also child presented with sensory difficulties.

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Initial Visit

My involvement with child first started in August 2022, through a home visit with his Mum and Step-Dad.

During the visit:

- Child would communicate his needs by screaming, which meant Mum would attempt to interpret his needs through guessing/offering items. If Mum did not interpret correctly, Child would scream loudly.
- Mum reported that Child would tolerate others playing alongside but did not like anyone to join in with his play.
- Child had no single words and his response to interactions were variable. Child demonstrated limited awareness of those around him, as his focus was on objects.
- Child was observed to follow his own agenda, demonstrating limited awareness or understanding of instructions.
- Mum had attempted to use symbols, but reported Child was eating them.

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Intervention

After this visit, a report was written and targets were shared with both family and Nursery to support Child's interactions and communication. Targets were set around:

- Intensive interaction (tolerating adults joining play for 3 minutes using II)
- Turn-taking
- Functional communication (non-verbal)
- Directing communication ('giving')
- Understanding single words through adult modelling

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Review 1

A review was completed at Nursery in October 2022

Staff reported:

- Child was focussing for much longer on motivating activities.
- Child was not yet communicating his needs, would 'scream' if things did not work as he wanted, and used vocalisations rather than words (observed in the session).
- Child coped well when peers played nearby and coped well with turn-taking.

- Child's targets were generally still appropriate, but could be adapted to reflect the progress he was making:
  - developing awareness of others when they used Intensive Interaction techniques
  - participating in turn-taking activities rather than coping with peers taking turns in play
  - continuing to support communication but also using singing (which staff and parents had reports Child enjoys) to support Child's understanding.

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Feedback following 1st review

After emailing Child's updated report home and to Nursery, I received an email back from Mum:

'Hello Rachel! I'm glad you was able to go in and see him, I just thought I'd email and give you a bit of an update from home. Recently he has been using the shaking head gesture to say he doesn't want something, not all the time but he does sometimes. Also for the longest time he has been making the noise "eh ah eh ah" and we just thought it was one of his many sounds, but last week we realised he was actually singing old McDonald. It was on the tv and when she sang " Ee I ee I o " he repeated it, it's his favourite song at the moment. And last thing, we are pretty certain he is now associating his coat with going out, when I say "Child let's put your coat on before we go out" he will come over let me put it on and go stand at the gate waiting to go! I just thought I'd update you because I feel like this is really big for him'.

Appendix 2, Item 6

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Review 2 (January 2023)

Staff reported:

- Child has been making lots of progress over the previous 3-4 weeks.
- Child would seek comfort from his Keyworker, and would approach peers to watch them.
- Child would use hand-on-hand guidance, and was beginning to use language to comment. However, Child was not yet communicating his needs.

During the session:

- Child demonstrated an increased awareness of those around him.
- Child engaged for 20 minutes when I used Intensive Interaction techniques. He would make eye contact and pause when I imitated his actions, and would then repeat actions.
- Child later approached me, and tolerated when I joined his activity of choice. However, he became upset when a peer tried to share the toys.

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Current targets

- Child will demonstrate 'Involvement' (Stage 6) during interactions on 3/5 occasions with adult support. He will actively join in the interaction and engage in conversational turn-taking
- Child will participate in turn-taking activities with adults or peers with support on 3/5 occasions.
- Child will be able to communicate with adults and peers using a range of different approaches on 3/5 occasions with adult support.
- Child will be able to understand and follow transitions/changes during his daily routine with visual support on 3/5 occasions.

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Impact of intervention

Whilst Child's language and social communication are not yet at a level where he can communicate his needs effectively and interact with others, he is making steady progress towards achieving his targets, and is developing tolerance of others and understanding of familiar routines.

This shows how important it is to review progress both at home and in Nursery, and how consistent use of strategies across both settings can support a child's development across different areas of their speech, language and communication.

It also shows how gradual progress can be, and the positive impact this can have both on the patient themselves, and their families.

This case demonstrates the importance of acknowledging and celebrating every step forward for children with communication difficulties, which updated targets should reflect.

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Thank You

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Long Covid Rehabilitation Team Patient Story Presentation

Annie Womack (Long Covid Occupational Therapist)

Powered by:

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Greater Manchester Mental Health NHS Foundation Trust
Manchester City Council
Manchester Health & Care Commissioning
The Manchester Primary Care Partnership

Background

Hettie *(not the child's real name)* was referred to the Long Covid Rehabilitation Team from the Long Covid Hub at the Royal Manchester Children's Hospital, due to continuing concerns with:

- Poor appetite
- Struggling to focus
- Brain fog
- Memory problems
- Anxiety
- Fatigue
- Reduced school attendance

Initial assessments

Intervention started in January 2023

- Initial assessment completed
- School visit (observation)
- Clinic session with Hettie and parents.

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Findings

From the initial assessments the following were identified:

- Hettie is on a reduced time table
- She visibly fatigued during the school observation
- Hettie is struggling to record schoolwork effectively
- Specific smells and noises are difficult for her to tolerate
- Settling to sleep is challenging
- She is unable to find meaningful resting activities

- School and home are onboard with supporting Hettie

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Intervention

Key areas of intervention include:

- Pacing
- Recording work
- Mindfulness

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Review

- Hettie is starting to identify an appropriate pattern of activity that she finds manageable.
- Hettie is completing her school work on her laptop and is being provided with printed hand outs of the work.
- Hettie is able to use the mindfulness activities effectively.

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Continuing intervention plan

- Establishing her energy baseline
- Mindfulness activities
- Yoga
- Hand over to secondary school

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Feedback

- The family have expressed how grateful they are for the intervention and the positive impact this has had on her recovery.

  They also appreciated the therapist working in line with Hettie's energy levels and pacing the activities.

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Thank you

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Child Health Profile

March 2023

Office for Health Improvement & Disparities

Manchester

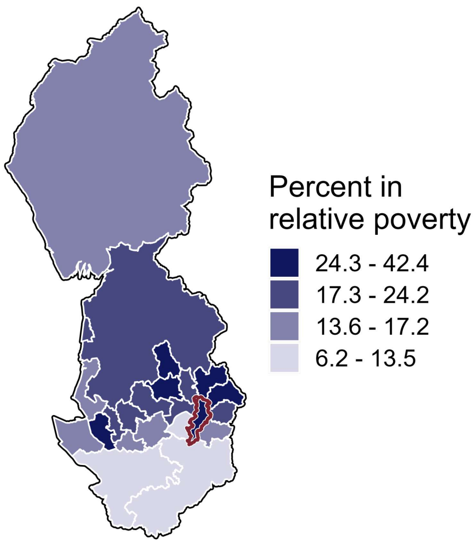
This profile provides a snapshot of child health in this area. It is designed to help local government and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

	Local	Region	England
Live births (2021)	6,776	78,127	595,948
Children aged 0 to 4 years (2021)	33,900 6.2%	405,000 5.5%	3,058,200 5.4%
Children aged 0 to 19 years (2021)	147,000 26.7%	1,733,300 23.4%	13,040,500 23.1%
Children aged 0 to 19 years in 2031 (projected from 2018)	145,100 25.2%	1,747,600 22.8%	13,357,000 22.5%
School children from minority ethnic groups (2022)	59,208 67.4%	293,480 26.7%	2,835,124 35.0%
School pupils with social, emotional and mental health needs (2022)	3,366 3.7%	35,330 3.1%	250,272 3.0%
Children living in poverty (financial year ending 2021)	32.5%	21.2%	18.5%
Life expectancy at birth (2018 to 2020) Boys	75.5	77.9	79.4
Life expectancy at birth (2018 to 2020) Girls	79.9	81.7	83.1

Children aged under 16 years living in poverty

Map of the North West region with Manchester outlined, showing the relative levels of children living in poverty in the financial year ending 2021, divided into national quartiles.



Map contains Ordnance Survey data.

2021 mid-year population estimates

Note the impact of updated mid-year population estimates. See the indicator guide for more details.

Main findings

Overall, comparing local indicators with England averages, the health and wellbeing of children in Manchester is worse than England.

The infant mortality rate is worse than England with an average of 47 infants dying before age 1 each year. Recently there have been 15 child deaths (1 to 17 year olds) each year on average.

Public health interventions can improve child health at a local level. In this area:

- The teenage pregnancy rate is similar to England, with 128 girls becoming pregnant in a year.
- 8.9% of women smoke while pregnant which is similar to England.
- 66.5% of newborns received breast milk as their first feed. By 6 to 8 weeks after birth, 58.6% of mothers are still breastfeeding.
- The MMR immunisation level does not meet recommended coverage (95%). By age 2, 84.5% of children have had one dose.
- Dental health is worse than England. 38.3% of 5 year olds have experience of dental decay.
- Levels of child obesity are worse than England. 12.0% of children in Reception and 28.3% of children in Year 6 are obese.
- The rate of child inpatient admissions for mental health conditions at 71.1 per 100,000 is better than England. The rate of self-harm (10 to 24 years) at 280.0 per 100,000 is better than England.

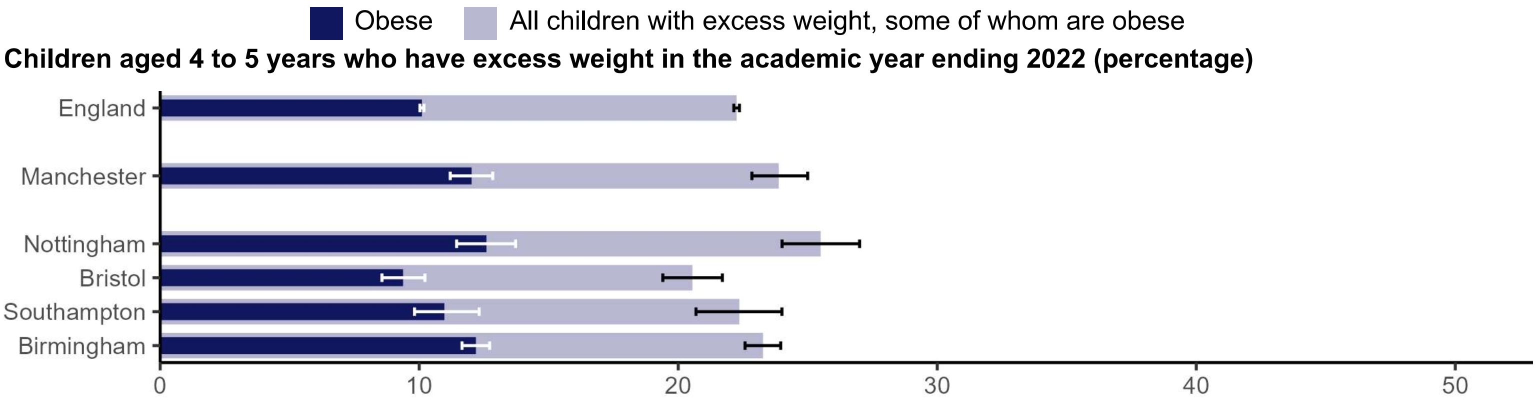
The hospital admission rate for under 18s for alcohol specific conditions is 36.6 per 100,000, which is worse than England. The hospital admission rate for substance misuse is 57.0 per 100,000, which is better than England.

The hospital admission rate for injury in children (aged 0 to 14) at 91.8 per 10,000 is worse than England, and for young people (aged 15 to 24) at 86.8 per 10,000 is better than England.

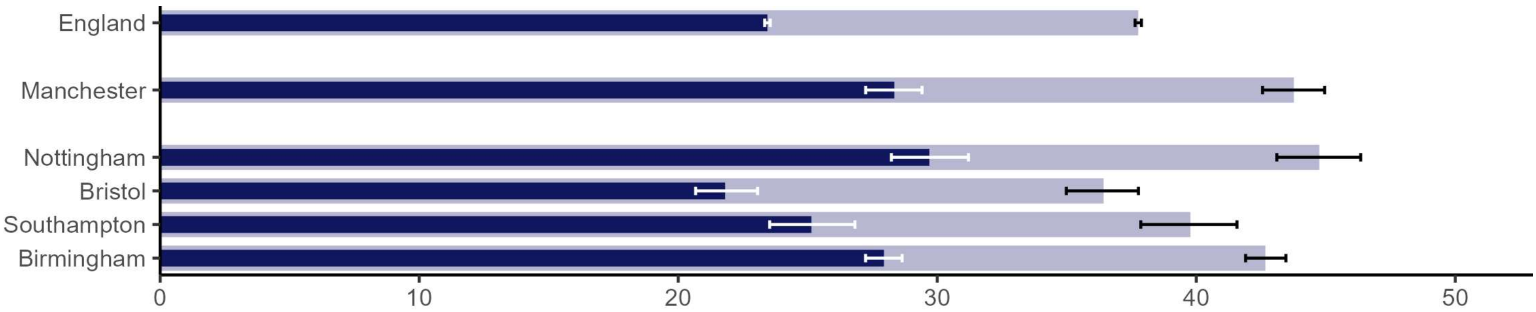
Childhood obesity

These charts show the percentage of children who have excess weight (obese or overweight) in Reception (aged 4 to 5 years) and Year 6 (aged 10 to 11 years). They compare Manchester with its statistical neighbours, and the England average. Compared with the England averages, this area has a higher percentage of children in Reception (23.9%) and a higher percentage in Year 6 (43.8%) who have excess weight.

Children aged 4 to 5 years who have excess weight in the academic year ending 2022 (percentage)



Children aged 10 to 11 years who have excess weight in the academic year ending 2022 (percentage)

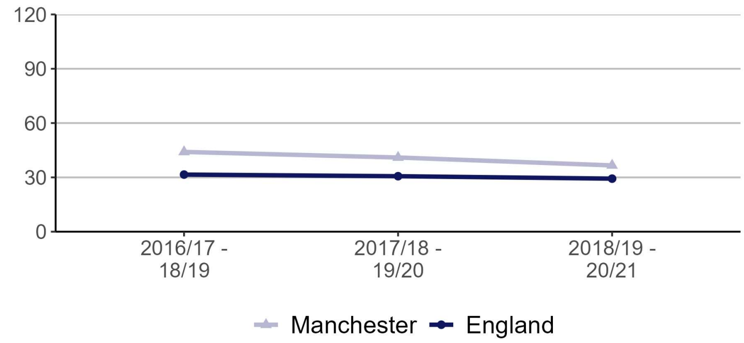


Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese. I indicates 95% confidence interval.

Young people and alcohol

Nationally, the rate of hospital admissions of children and young people for conditions wholly related to alcohol, between 2016 and 2020, is decreasing and this is also the case in Manchester. The admission rate in the latest pooled period is worse than the England average.

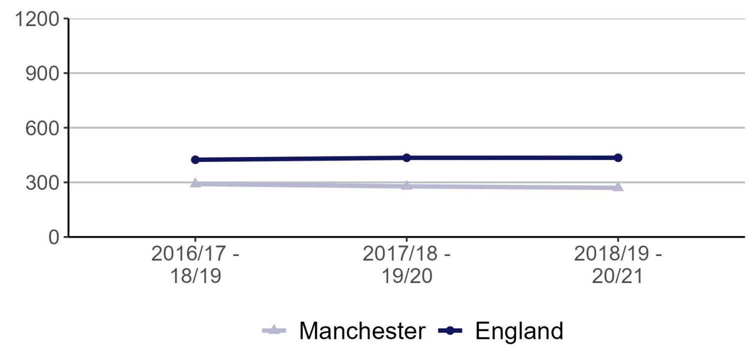
Hospital admissions of children and young people for conditions wholly related to alcohol (rate per 100,000 population aged 0 to 17 years)



Young people's mental health

Nationally, the rate of young people being admitted to hospital as a result of self-harm, between 2016 and 2020, is not significantly changing, and this is also the case in Manchester. The admission rate in the latest pooled period is better than the England average*. Nationally, levels of self-harm are higher among young women than young men.

Young people admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years)

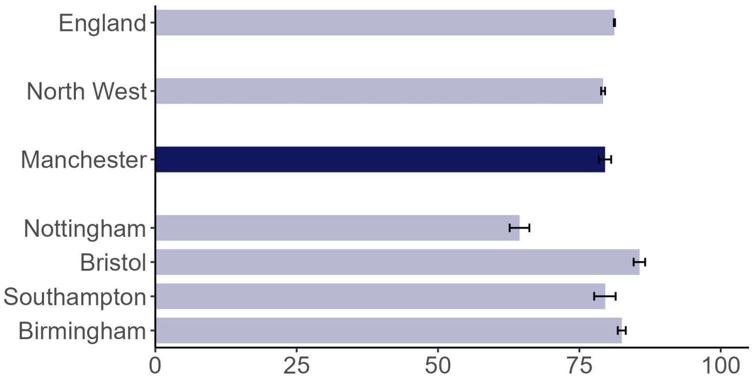


*Information about admissions in the single year 2021/22 can be found on page 4

These charts compare Manchester with its statistical neighbours, and England and regional averages.

Child development at 2 to 2½ years

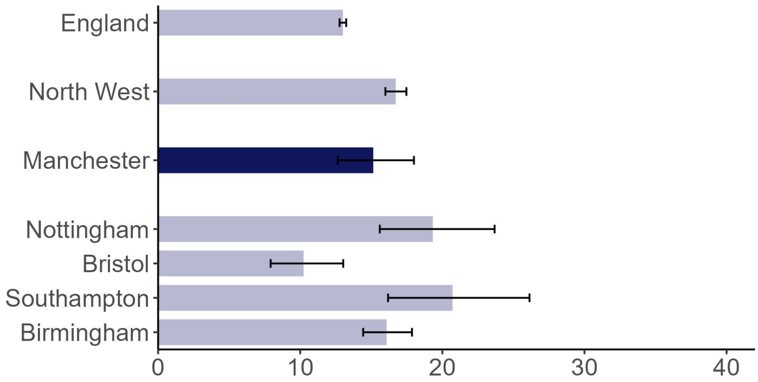
Children at or above expected level of development in all five areas at 2 to 2½ years in the financial year ending 2022 (percentage of children reviewed)



79.6% of children aged 2 to 2½ years were at or above the expected level of development in all five areas of development (communication, gross motor, fine motor, problem-solving and personal-social skills) in the financial year ending 2022. This is lower than the England average. A lower proportion of children were at or above the expected level of development for communication skills (84.7%) and a higher proportion for personal-social skills (92.6%) when compared with England (86.5% for communication and 91.2% for personal-social skills).

Young people's sexual and reproductive health

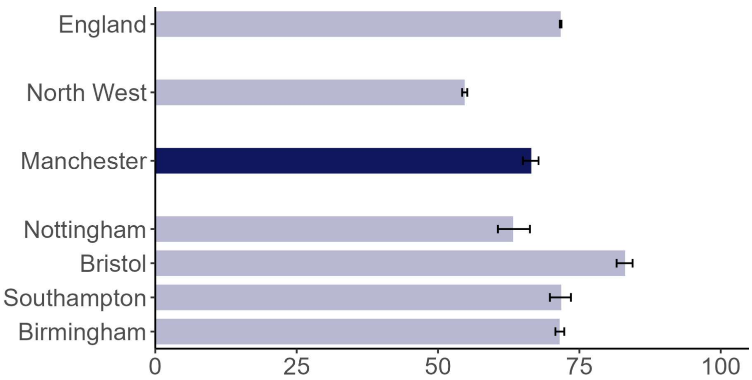
Teenage conceptions in girls aged under 18 years, 2020 (rate per 1,000 female population aged 15 to 17 years)



In 2020, approximately 15 girls aged under 18 conceived, for every 1,000 girls aged 15 to 17 years living in this area. This is similar to the regional average and similar to the England average. Chlamydia screening is recommended for all sexually active 15 to 24 year olds. Increasing detection rates indicate improved screening activity; it is not a measure of prevalence. The UK Health Security Agency recommends that local authorities should be working towards a minimum rate of 3,250 per 100,000 in the female population aged 15 to 24, effective from January 2022. In 2021, the detection rate in this area was 1,765 per 100,000 which is lower than the minimum recommended rate, from 2022, of at least 3,250.

Breastfeeding

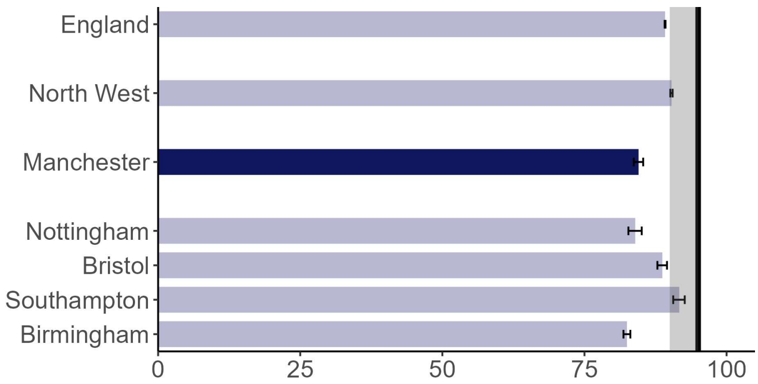
First feed breast milk in the financial year ending 2021 (percentage of newborns)



66.5% of newborns received breast milk as their first feed. By 6 to 8 weeks after birth, 58.6% of mothers are still breastfeeding.

Measles, mumps and rubella (MMR) vaccination

MMR vaccination coverage by age of 2 years in the financial year ending 2022 (percentage of eligible children)



The shaded area from 90% shows the range of values approaching the minimum recommended coverage of 95% (the black line).

Less than 95% (the minimum recommended coverage level) of children have received their first dose of MMR immunisation by the age of 2 in this area (84.5%). By the age of 5, only 77.3% of children have received their second dose of MMR immunisation.

Note: Where data is not available or figures have been suppressed, no bar will appear in the chart for that area.

Manchester Child Health Profile

March 2023

Appendix 3, Item 6

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.

- No significant change
- Increasing/decreasing and getting better
- Increasing/decreasing and getting worse
- – Trend cannot be calculated
- Not significantly different from the England average
- Significantly better than the England average
- Significantly worse than the England average
- Significance cannot be tested

England average · Regional average · 25th percentile · 75th percentile

≥95% · <90% · 90% to 95%

	Indicator	Recent trend	Local no. per year*	Local value	Eng. avg	Eng. worst	Eng. best
Premature mortality	1 Infant mortality rate	No significant change	*47*	6.7	3.9	7.5	1.2
	2 Child mortality rate (1 to 17 years)	–	*15*	13.5	10.3	17.7	6.1
Health protection	3 MMR vaccination for one dose (2 years)	Getting worse	6,202	84.5	89.2	65.4	97.7
	4 Dtap/IPV/Hib vaccination (2 years)	Getting worse	6,576	89.6	93.0	70.6	99.1
	5 Children in care immunisations	Getting worse	775	79.0	85.0	30.0	100.0
Wider determinants of ill health	6 Children achieving a good level of development at the end of Reception	No significant change	3,625	53.1	65.2	53.1	74.4
	7 GCSE attainment: average Attainment 8 score	–	–	46.9	48.7	39.2	61.3
	8 GCSE attainment: average Attainment 8 score of children in care	–	–	24.9	23.2	14.2	38.3
	9 16 to 17 year olds not in education, employment or training (NEET)	Getting better	705	5.6	4.7	14.7	1.4
	10 First time entrants to the youth justice system	Getting better	130	256.2	146.9	446.9	56.3
	11 Children in relative low income families (under 16s)	No significant change	36,583	32.5	18.5	42.4	6.2
	12 Households with children homeless or at risk of homelessness	–	2,093	34.7	14.4	39.3	4.5
	13 Children in care	–	1,385	109	70	218	26
	14 Children killed and seriously injured (KSI) on England's roads	–	*16*	14.6	15.9	55.0	2.6
Health improvement	15 Low birth weight of term babies	No significant change	197	3.3	2.8	5.0	1.5
	16 Obese children (4 to 5 years)	No significant change	725	12.0	10.1	14.9	5.4
	17 Obese children (10 to 11 years)	Getting worse	1,865	28.3	23.4	34.0	12.4
	18 Children with experience of visually obvious dental decay (5 years)	–	–	38.3	23.4	50.9	8.7
	19 Hospital admissions for dental caries (0 to 5 years)	–	*187*	419.3	220.8	931.3	7.5
	20 Under 18s conception rate / 1,000	Getting better	128	15.1	13.0	30.4	2.7
	21 Teenage mothers	No significant change	25	0.4	0.6	2.4	0.0
	22 Admission episodes for alcohol-specific conditions - Under 18s	Getting better	*45*	36.6	29.3	83.8	7.7
	23 Hospital admissions due to substance misuse (15 to 24 years)	–	*53*	57.0	81.2	229.4	16.9
Prevention of ill health	24 Smoking status at time of delivery	Getting better	783	8.9	9.1	21.1	3.1
	25 Baby's first feed breastmilk	–	3,025	66.5	71.7	1.3	98.6
	26 Breastfeeding prevalence at 6 to 8 weeks after birth	Getting better	3,885	58.6	49.3	–	–
	27 A&E attendances (0 to 4 years)	–	32,265	950.9	762.8	2,080.6	387.2
	28 Hospital admissions caused by injuries in children (0 to 14 years)	–	980	91.8	84.3	162.2	38.8
	29 Hospital admissions caused by injuries in young people (15 to 24 years)	–	885	86.8	118.6	252.2	53.3
	30 Hospital admissions for asthma (under 19 years)	–	305	226.9	131.5	438.0	47.0
	31 Hospital admissions for mental health conditions	–	90	71.1	99.8	355.1	33.3
	32 Hospital admissions as a result of self-harm (10-24 years)	–	375	280.0	427.3	1,051.7	127.6

*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure

Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box

Notes and definitions

1. Mortality rate per 1,000 live births (aged under 1), 2019-2021
2. Directly standardised rate per 100,000 children aged 1-17, 2018-2020
3. % children immunised against measles, mumps and rubella (first dose by age 2), 2021/22
4. % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2, 2021/22
5. % children in care with up-to-date immunisations, 2022
6. % children achieving a good level of development within Early Years Foundation Stage Profile, 2021/22
7. GCSE attainment: average attainment 8 score, 2021/22
8. GCSE attainment: average attainment 8 score of children looked after, 2021
9. % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known, 2021
10. Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2021
11. % of children aged under 16 living in relative low income families, 2020/21
12. Crude rate of households including one or more dependent children owed a prevention or relief duty under the Homelessness Reduction Act per 1,000 households, 2021/22
13. Rate of children looked after at 31 March per 10,000 population aged under 18, 2022
14. Crude rate of children aged 0-15 who were killed or seriously injured in road traffic accidents per 100,000 population, 2018-2020
15. % of live-born babies, born at term, weighing less than 2,500 grams, 2021
16. % school children in Reception year classified as obese, 2021/22
17. % school children in Year 6 classified as obese, 2021/22
18. % children aged 5 with visually obvious dental decay, 2018/19
19. Crude rate per 100,000 (aged 0-5) for hospital admissions for dental caries, 2018/19-2020/21
20. Under 18 conception rate per 1,000 females aged 15-17, 2020
21. % of delivery episodes where the mother is aged less than 18, 2021/22
22. Hospital admissions for alcohol-specific conditions – under 18, crude rate per 100,000 population, 2018/19-2020/21
23. Directly standardised rate per 100,000 (aged 15-24) for hospital admissions for substance misuse, 2018/19-2020/21
24. % of mothers smoking at time of delivery, 2021/22
25. % of newborns who receive breast milk as first feed, 2020/21
26. % of mothers breastfeeding at 6-8 weeks, 2021/22
27. Crude rate per 1,000 (aged 0-4) of A&E attendances, 2021/22
28. Crude rate per 10,000 (aged 0-14) for emergency hospital admissions following injury, 2021/22
29. Crude rate per 10,000 (aged 15-24) for emergency hospital admissions following injury, 2021/22
30. Crude rate per 100,000 (aged 0-18) for emergency hospital admissions for asthma, 2021/22
31. Crude rate per 100,000 (aged 0-17) for hospital admissions for mental health, 2021/22
32. Directly standardised rate per 100,000 (aged 10-24) for hospital admissions for self-harm, 2021/22

19 March 2020

To:

CEOs of NHS and Foundation Trusts

CEOs of Clinical Commissioning Groups

Directors of Public Health

CEOs of Community Health Providers

CEOs of private and not-for-profit community providers

CEOs for community interest companies

Cc:

NHS England and NHS Improvement Regional Directors

Chief Executives of Councils

COVID-19 Prioritisation within Community Health Services

Following on from Sir Simon Stevens' and Amanda Pritchard's letter of 17 March 2020, this letter and annex set out how providers of community services can release capacity to support the COVID-19 preparedness and response. These arrangements will apply until 31 July 2020 in the first instance.

The current priorities for providers of community services during this pandemic are:

1. Support home discharge today of patients from acute and community beds, as mandated in the new Hospital Discharge Service Requirements, and ensure patients cared for at home receive urgent care when they need it
2. By default, use digital technology to provide advice and support to patients wherever possible
3. Prioritise support for high-risk individuals who will be advised to self-isolate for 12 weeks. Further advice on this will be published shortly.
4. Apply the principle of mutual aid with health and social care partners, as decided through your local resilience forum.

Thank you for your support and the important work you are undertaking.

Yours faithfully

Matthew Winn
Director of Community Health, NHS England & NHS Improvement

Dr Adrian Hayter

National Clinical Director for Older People and Integrated Person Centred Care

NHS England and NHS Improvement

1. Children and Young People Services

#	Services	Commissioner	Location	Plan during pandemic	Details
Stop Full service					
1.	National child measurement programme	NHS England	Home and school	**Stop**	
2.	Audiology	Clinical Commissioning Groups	Clinic based	**Stop**	
3.	Friends and Family Test	NHS England	Provider based	**Stop**	Cease data submission and collection with immediate effect
Partial stop of service					
4.	Vision screening	Clinical Commissioning Groups	Home and clinic based	**Stop except**: • New-born visual checks (within 72 hours of birth) cannot be stopped as neonatal cataracts need to be spotted early • 6 week check can safely be conducted at 8 weeks • Pre-school checks can be delayed until major incident response is over	See also separate guidance to be published

5.	Pre Birth and 0-5 service (Health visiting)	Local Authorities	Home visits and clinic based	**Stop except:** • Stratify visits and support for vulnerable families • Safeguarding work (MASH; statutory child protection meetings and home visits) • All new Birth visits • Follow up of high risk mothers, babies and families • Antenatal visits and support (consider virtual) • Phone and text advice- digital signposting • Blood spot screening	Providers to work with their Designated Professionals for Safeguarding Explore voluntary sector support Prepare staff for redeployment Consider signposting families to online information if appropriate
6.	School nursing	Local Authorities/ CCG for specialist school nurses	Home visits, school and clinic based	**Stop except:** • Phone and text service • Safeguarding • Specialist school nursing	Consider redeployment if schools shut / support vulnerable at home
7.	New born hearing screening	NHS England	Maternity unit, clinics and home	**Stop except:** • maternity unit based screening	See also separate guidance to be published
8.	Community paediatric service	Clinical Commissioning Groups	Home visits, school and clinic based	**Stop except:** • Services/interventions deemed clinical priority • Child protection medicals • Telephone advice to families • Risk stratify Initial Health Assessments (urgent referrals need to continue however some routine referrals may be delayed with appropriate support e.g. initial basic advice to parents/carers	

9.	Therapy interventions (Physio, speech and language, occupational therapy, dietetics, orthotics)	Clinical Commissioning Groups and/or Local Authorities		• Segmentation needed to prioritise urgent care needs • Medium and lower priority work stopped	Prepare to increase to support admission avoidance and support discharge
10	Looked after children teams	Clinical Commissioning Groups and/or Local Authorities	Home visits, school and clinic based	**Stop except:** • Segmentation to prioritise needs (e.g. increased risk of harm from social isolation) • Safeguarding work- case review not routine checks • Telephone advice – could be undertaken regionally • Initial assessments	NHS Trusts to work with their Designated Professionals for Safeguarding Consider using virtual platforms to facilitate attendance by key staff eg GPs who may be at the front-line of COVID-19 response.
11	Child health information service	NHS England	Office base	**Prioritise based on clinical judgement, including:** • Child protection information system transfers • Support failsafe for the newborn bloodspot screening tests • Support the call and recall function for routine childhood immunisation working in liaison with local GP practices	Consider skeleton service, where appropriate, sustaining call/recall programmes
12	Community nursing services (planned care and rapid response teams)	Clinical Commissioning Groups	Home or clinic	• Segmentation needed to clinically prioritise urgent care needs • Monitor rising risk of deferred visits	

13	Nursing and therapy teams support for Long term conditions	Clinical Commissioning Groups	Home or clinic	• Segmentation needed to clinically prioritise urgent care needs. • Routine reviews of respiratory LTCs can be delayed EXCEPT in people with known frequent exacerbations e.g. asthma • Routine annual review of CVD based LTCs (diabetes/IHD/CKD) need to continue given the biochemical testing involved to identify end-organ damage • Medium and lower priority work stopped but monitor rising risk of deferred work if disruption continues	
14	Wheelchair, orthotics and prosthetics	Clinical Commissioning Groups and/or Local Authorities	Home and clinic	• Segmentation needed to clinically prioritise urgent care needs • Medium and lower priority work stopped	Consider use of private providers/ shops to supply
	Continue				
15	Safeguarding	Clinical Commissioning Groups and/or Local Authorities		Continue- direct safeguarding Reduce time spent on SCRs	Isolation may increase safeguarding risks for some families/households NHS Trusts to work with their Designated Professionals for Safeguarding
16	Continuing care packages	Clinical Commissioning Groups	Home or clinic	• Continue (whilst considering delay to routine reviews of CHC packages) • Move CC CCG teams to provision where possible • Write to parents with support to develop contingency	Move CHC CCG teams to provision Write to parents with support to develop contingency

17	Children End of life care	Clinical Commissioning Groups and/or Local Authorities	Home or hospice	Continue	
18	Rapid response service		Home or clinic	Continue	
19	Sexual assault services		Clinic and police stations	Continue – may need to organise a provider pan regional approach with less bases operating	
20	New Born Bloodspot screening	NHS England	Home visit	Continue offer of New born Bloodspot Screening (Guthrie tests)	
21	Emotional health and wellbeing /mental health support	Clinical Commissioning Groups and/or Local Authorities	Home visits, school and clinic based	Continue	Isolation may increase requirement for services for some individuals Consider virtual support

This service will be more comprehensively covered by separate guidance from NHS England and Public Health England soon:

	Immunisation and vaccination	NHS England	Home visits, school and clinic based

2. Adult and Older People Services

	Services	Commissioner	Location	Plan during pandemic	Details
Stop Full service					
1.	Wheelchair, prosthetics and orthotics service	Clinical Commissioning Groups	Clinics, inpatient wards and home	**Stop** Consider link to acute vascular services re amputation and supporting discharge	
2.	Audiology services	Clinical Commissioning Groups	Clinic based	**Stop** Patients with suspected foreign body in ear(s) or sudden unexplained hearing loss should be directed to 111/urgent treatment centres	Consider use / referral of private clinics which provide microsyringing and are managed by nurses and CQC at least good May be a need for supply of batteries through NHS community audiology services where these are a specialist item linked to the type of hearing aid prescribed
3.	Friends and Family Test	NHS England	Provider based	**Stop** Cease data submission and collection with immediate effect	

Partial Stop					
4.	Outpatient clinics	Clinical Commissioning Groups		**Stop except:** • Review of post-surgical high risk cases e.g. diabetic foot	
5.	Podiatry and podiatric surgery	Clinical Commissioning Groups	Clinics, inpatient awards and home	**Stop except:** • Other than high risk vascular/ diabetic e.g. Diabetic foot clinics cannot be stopped. • Non-diabetic corrective procedures e.g. bunion surgery etc can be stopped • Tele triage could be utilised before any home visits	Could redeploy to provide wound care
6.	Wheelchair, prosthetics and orthotics service			**Stop except:** • Consider link to acute vascular services re amputation and supporting discharge. • Prioritise pressure ulcer management	
7.	Community nursing services (including district nurses and homeless health)		Home and clinic based	• Continue but clinically prioritise urgent needs and ensure dynamic case load management. Reduce regular review work through appropriate risk assessment. • Monitor rising risk of deferred work if disruption continues • Continue support in last days of life of or high complexity palliative care – syringe drivers and symptom management and any other identified clinical need • Prioritise Rapid Response teams response to rapidly deteriorating	Agree roles across health and social care to avoid duplication of segmentation Consider support for homeless and rough sleepers who cannot self isolate Prepare for increased demand

				patients to facilitate admission avoidance. • Prioritise early supported discharge from acute settings and community neurorehabilitation which can be supported by “non-registered” staff with professional support • Tele-rehabilitation access should be supported and developed • Prioritise visits for: ○ Complex wound management ○ Diabetic foot ○ Urgent Catheter care • End of Life/Palliative Care • Rehabilitation for Activities of Daily Living visits where options for self-management and/or alternative support have been exhausted • Insulin administration • Non molecular weight heparin injections • Medication prompts • Wound care where there are immediate concerns regarding the patient’s condition e.g. infected wounds, heavily exuding wounds and compression bandaging that has been in situ for more than 7 days • Bowel care where this is required on a regular basis (although this would normally be undertaken through specialist continence nursing input • Disconnection of Chemotherapy • Patients at high risk of falls – consider installation of falls monitors and pendant alarms	Actively coach patients/carers to self-administer Consider how to support care homes more fully

				• Patients where there is a newly identified moving and handling risk which could result in immediate risk to the patient or carer	
8.	Specialist nurses for specific conditions • Heart failure, • Continence/ Colostomy • Tissue Viability • TB • Parkinson's • Respiratory/ COPD • Stroke • MS • MND • Falls • Lymphoedema • Diabetes			• Stop routine QOF associated activities • Continue but clinically prioritise urgent needs and reduce regular review work through appropriate risk assessment including working with Primary Care Networks • Increase the use of telemedicine options wherever clinically safe to do so. • Routine annual reviews of respiratory LTCs can be delayed EXCEPT in people with known frequent exacerbations e.g asthma/COPD. • Routine annual review of CVD based LTCs (Diabetes/IHD/CKD) need to continue given the biochemical testing involved to identify end-organ damage • Community diabetes nursing teams to stop clinics and education courses and support acute teams to help with inpatient diabetes advice. • Monitor rising risk of deferred work if disruption continues	Agree roles across health and social care to avoid duplication of segmentation Consider using of Pharma nurses and specialist appliances who may be able to offer more support – eg stoma care
9.	Rehabilitation services (integrated and unidisciplinary) (physio, OT, Speech and language therapy etc.)	Clinical Commissioning Groups and/or Local Authorities		• Segmentation needed to prioritise urgent care needs • Medium and lower priority work stopped. Monitor rising risk of deferred work if disruption continues beyond 48 hours • Options for Virtual Pulmonary Rehabilitation • Prioritise Respiratory Physiotherapy • Prioritise Tele-swallowing for Speech and Language Therapy	Prepare to increase to support admission avoidance

10.	Neuro-rehabilitation (multi-disciplinary) – stroke, head injury and neurological conditions	Clinical Commissioning Groups		• Segmentation needed to prioritise urgent care needs e.g. early supported stroke discharge work • Medium and lower priority work stopped. Monitor rising risk of deferred work if disruption continues • Access to tele-swallowing services for Neuro rehab	Prepare for increased demand
11.	Therapy interventions (Physio, speech and language, occupational therapy, dietetics, orthotics)	Clinical Commissioning Groups and/or Local Authorities		• Segmentation needed to prioritise urgent care needs (malnutrition and enteral feeding support) • Needs to continue for people at high risk of aspiration pneumonia due to difficulty with swallowing eg people with progressive neurological conditions (MS/PSP/MND etc) • Swallowing assessments to prevent aspiration pneumonia • Early supported stroke service to avoid loss of rehabilitation potential. • Dietetics support for people with significant malnutrition and increased risk of frailty and functional disability • Medium and lower priority work stopped. Monitor rising risk of deferred work if disruption continues	Prepare to increase to support admission avoidance and support discharge
12.	Weight management and obesity services Tier 2 and 3	Clinical Commissioning Groups	Home and clinic based	• Stop behavioural interventions for weight loss • For Tier 3 weight management services where also providing management of associated co-morbidities (eg. type 2 diabetes, obstructive sleep apnoea), then clinicians should appropriately triage clinic lists to assess which patients may need ongoing support, ideally remotely.	

13.	Contraception	NHS England and Local Authorities	Clinic based	**Prioritise:** • Urgent work only for terminations; contraception; GUM and HIV treatment	For contraception, consider signposting to pharmacies, channel shift and changing e.g. for contraception from LARCs to other forms Further guidance on ensuring service continuity expected from Royal College of Obstetricians and Gynaecologists shortly
14.	Sexual transmitted disease services				
15.	HIV services	NHE England			
16.	Musculoskeletal service	Clinical Commissioning Groups	Clinic based	• Aligned with orthopaedic and rheumatology planning <u>MUST</u> prioritise triage to enable continued referral of emergency and urgent MSK conditions to secondary care services (Guidance to be provided). • Rehabilitation <u>MUST</u> prioritise patients who have had recent elective surgery, fractures or those with acute and/or complex needs including carers with a focus to enable self-management • All other rehabilitation work stopped with patients enabled to self-manage (this includes rehabilitation groups). • Where appropriate virtual and telephone consultations to be implemented • Introduce telephone triage to assess risks of serious complications e.g. Cauda Equina syndrome	Service provision delivered by specialist MSK clinicians (e.g Consultant / advanced practitioners, senior physiotherapists / AHP's) Advanced Practitioners in First Contact Practice roles supporting primary care work force is encouraged Junior staff (e.g AFC band 6 and 5) made available to assist with secondary and/or community care provision based on local need

17.	Specialist dentistry	NHSE England	Clinic and home visits	• Segmentation needed to prioritise urgent care needs- of normal cohort • Medium and lower priority work stopped- of normal cohort • Potential support to wider response for acute dental care, triaging problems and management of the cases where someone is known to be infected with COVID-19.	
18.	Minor oral surgery		Clinic based		
19.	Day Case surgery				
20.	Primary dental work				
21.	GP	NHS England	Prisons	• Continue but prioritise according to urgent care needs. • Medium and lower priority work stopped • Stop QOF	
22.	Dentistry				
23.	Sexual health				
24.	Alcohol and addiction service	Local Authorities	Home and clinic based	**Prioritise:** • Where possible skype or telephone calls for detox, reduced opportunities for urine testing. May need to stop new detox starts but consider impact on primary care • May need to maintain as vulnerable cohort/ risk stratification • Consider whether non-NHS provided services can increase	With increasing levels of isolation, drug use may increase with potential health service and other consequences. May be opportunity to prioritise alcohol service staff in acute trusts to work on ambulatory pathways with community addictions service support
25.	Drug and addiction service				
26.	Radiography services			• Excluding 2 week wait referrals or trauma associated referrals • Consider diagnostic and therapeutic	Prepare for redeployment

27.	Ultrasound			• Excluding 2 week wait referrals/antenatal cases • Possibility for Acute imaging in community	Prepare for redeployment
28.	Continuing care packages	Clinical Commissioning Groups	Home based and care homes	• Move CHC CCG teams to provision where possible • Write to adults in domiciliary care and asking them to develop contingency for 24/7 if no staff • Contingency plans to be developed with care provider for 24/7 if no staff	Delay to routine reviews of CHC packages
29.	Screening, Immunisation and vaccination	NHS England	Home visits, school and clinic based	**This will be covered by separate guidance**	
30.	Diabetic Eye Screening	NHS England	Clinic based	Stop **Routine Digital Screening** • If patients notice any change in vision advise to attend emergency eye centre. • Consider whether newly diagnosed patients may require screening Continue **Digital surveillance** but prioritise according to need e.g. pregnant women.	See also separate guidance to be published
Continue					
31.	Endoscopy	Clinical Commissioning Groups	Clinic based	• Excluding 2 week wait referrals and inpatients requiring investigation prior to discharge if a community service • Continue to proceed along pathway for screen FIT positive individuals	

32.	National Bowel Cancer Screening programme 60-74 year olds)	NHS England	Initial test self administered Secondary test for screening positives	Continue at present but prepare for stopping/reducing activity if Gov. decision Continue as 8-10% screen positives covert to cancer; Specialist Screening Practitioner clinics to convert to telephone service Screening Colonoscopy to continue	Prepare to slow down rate of invitation to maximum of -6 weeks standard See also separate guidance to be published
33.	Breast Cancer Screening	NHS England	Provider trusts and mobile screening vans in the community	1. Pause (including Age X) but continue to proceed along pathway for screen positive individuals Continue high risk women where possible (12 months recall). Pause clinical review process for women impacted by incident	See also separate guidance to be published
34.	National Bowel Screening Programme (**bowel scope** for 55 year olds)	NHS England	Clinic based	Continue.	See also separate guidance to be published

35.	Urgent Community Response/Rapid Response team	Clinical Commissioning Group		Continue	Prepare for increased demand
36.	Out of hours GP services	Clinical Commissioning Groups	Clinic and home based	Continue	Prepare for increased demand
37.	111 service		Clinic based	Continue	Prepare for increased demand
38.	Walk in centres			Continue	Prepare for increased demand
39.	Urgent treatment centres			Continue	Prepare for increased demand
40.	End of life and hospice care (including non-specialist end of life care delivered by community / district nursing teams)	Clinical Commissioning Groups	Home, registered care home or clinical based, bed based care, hospice	Continue	Prepare for increased demand Prepare to take lead role in organising "fast track" patients from hospital and co-ordinate their care at home or in a hospice
41.	Urgent dental access work	NHS England	Clinic and home visits	Continue	
42.	Rehabilitation bed based care	Clinical Commissioning Groups and/or Local Authorities, NHS England	Home, registered care home or clinical based, bed based care, hospice	Continue and consider where domiciliary input is clinically appropriate/Explore other options e.g. sports facilities with therapy equipment in situ. Prioritise freeing up community beds to support acute bed capacity	Increase capacity to assist hospital flow

43.	Intermediate care and re-ablement	Clinical Commissioning Groups and/or Local Authorities		Continue	Increase capacity to assist hospital flow
44.	Adult safeguarding	Clinical Commissioning Groups	Home	Continue case management but not SARS	Prepare to support isolated individuals and increased risk
45.	Phlebotomy	Clinical Commissioning Groups	Home/ Clinic	Home visiting phlebotomy services LINKED to INR monitoring services often run by GPs Pharmacists from GP or Community trusts be key to continued safe monitoring of patients on warfarin. Risk stratify on basis of clinical need for example in terms of INR measurement, patients with mechanical devices, which may be prosthetic valves or LVADs	Prepare for increased demand/ redeployment. For example cancer services are likely to seek additional phlebotomy support, in order to reduce visits to hospital and assist protective isolation of at-risk group with cancer receiving treatment
46.	Home oxygen assessment services	Clinical Commissioning Groups	Home	May involve community services as part of an integrated or standalone team. Continue to support capacity for oxygen meeting the demand.	
47.	Clinical support to social care, care homes and domiciliary care	Local Authorities and Clinical Commissioning Groups	Home and Care Home	Continue to provide necessary clinical support to social care, care homes and domiciliary care	Including medication support

48.	Sexual assault services	Clinical Commissioning Groups and/or Local Authorities	Clinic and police stations	Continue – may need to organise a provider pan regional approach with less bases operating	

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Children and Young Peoples Scrutiny Committee, 24 May 2023

Children's Community Health Services, Manchester Local Care Organisation

Nicola Marsden, Assistant Director, Children's Community Health Services
Tracey Forster, Lead Manager, Health Visiting and Child Health Information Service
Louise Lee, Lead Allied Health Professional, Children's Community Health Services

Powered by:

Manchester University NHS Foundation Trust
Greater Manchester Mental Health NHS Foundation Trust
Manchester City Council
Manchester Health & Care Commissioning
The Manchester Primary Care Partnership

Overview and aims

- An introduction to and overview of CCHS
- CCHS facts and figures
- CCHS vision
- Health needs post covid
- CCHS response to health needs
- CCHS the difference we make, illustrated with a case study

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Introduction to Children's Community Health Services @ MFT

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Trafford Local Care Organisation

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Services provided by CCHS

- Since 1990, CCHS has delivered universal, targeted and specialist health services to children and young people, on a Manchester city wide footprint. Over half of children's community health staff provide universal services, which are commissioned and provided on the basis of a universal offer and intended to identify additional need at the earliest possible point.
- CCHS provides 10 specific services (listed below), with a number of sub service offers provided within the larger services;

Health Visiting and Vulnerable Babies Service	**Physiotherapy**
School Health and Healthy Schools	Occupational Therapy
Children's Community Nursing Team	Audiovestibular Medicine; Audiology and New Born Hearing Screening Professionals service
Community Paediatrics (doctors)	Orthoptics
Speech and Language	Child Health (administration)

- Attachment 1, CCHS Quick Facts, provides an overview and key contacts for each service.

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CCHS facts and figures

- Health Visiting, School Health and the Newborn Hearing Screening Service provide a universal offer to all children in Manchester, that's:
- 37,100 children aged 0 to 4 years resident in Manchester (HV)
- 103,800 children agreed 5 to 19 years resident in Manchester (SH)
- CCHS services provided 320,000 + annual contacts to children and families in Manchester.
- 8,000 + babies received hearing screening (universal offer)
- 7,000 + children received vision and hearing screening (universal offer)
- 13,000 + children receive height and weight measurements as part of the National Child Measurement Programme (universal offer)
- Supported 7,263 children's safeguarding referrals.
- Attachment 2, Manchester Child Health profile, March 2023, more figures …

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CCHS our vison

Children's Community Health Services Directorate Strategy 2020 to 2025

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Vision
Our vision for Children's Community Health Services is for every child in Manchester to have the best health possible.

Our **strapline**, which will appear on our e-mails, is:

"Working together to enable every child to have the best health and wellbeing possible."

We will aim to achieve our **vision** by:

Working with families, providing integrated services in partnership with other agencies, which meet the health needs of children and young people. We will provide support to children, young people and their families to enable them to manage their health needs. We will provide safe, effective and high quality care and advice in the community through appropriately trained and skilled staff, working in suitable, child friendly environments.

Our aims are closely aligned to:

- The overarching partnership vision for the city is; Our Manchester, Our Children – building a safe, happy, healthy and successful future for children and young people.
- Manchester Local Care Organisations vision; Leading local care, improving lives in Manchester, with you.
- The overarching Manchester Foundation Trust vision to improve the health and quality of life of our diverse population by building an organisation that: excels in quality, safety, patient experience, research, innovation and teaching; attracts, develops and retains great people and; is recognised internationally as a leading healthcare provider.
- The Royal Manchester Children's Hospital strapline; our family looking after yours.
- St Mary's Hospital purpose; to deliver clinically excellent care to women, families and individuals across Manchester and beyond, by providing safe, innovative, evidence based and efficient services.

What Children, Young People and families tell us they need

- To see someone they know and can trust
- Appointments when they need them, at a time they can manage, including out of hours
- Visible, accessible and confidential services with easy means of communicating with the service
- Practitioners with good interpersonal skills with whom they can establish a relationship
- Technology in use during their care
- Information that is easily available, including via social media and websites

Sources

What our children and young people and families tell us:
Our Manchester, Our Children: Manchester's Children and Young People's Plan 2016-2020
The Manchester Parent Carer Survey, July 2019

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Appendix 5, Item 6

Post covid picture of health needs

- Manchester significantly impacted by extended covid lockdowns = impact on health needs
- Increased number of children with speech and language delay
- Increased number of young people experiencing lower level mental health concerns and anxiety
- Increased number of children who are overweight or obese
- Increased concerns in respect of immunisations
- Overall impact on health linked to poverty

= lack of funding for good quality food = increased likelihood of being overweight = increased likelihood of poor mental health

= poorer quality housing = increased chances of exacerbating asthma = increased chances of a hospital admission …

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CCHS our operational response

1. Developed and substantively funded the Children's Virtual Ward (hospital @ home)
2. Asthma friendly schools project
3. Specific resource package developed by Healthy Schools to support young people to attain good mental health
4. Additional capacity moved to the Healthy Weight team
5. Technological developments to support immunisation uptake; digital consent and electronic booking for catch up clinics (in development)
6. New resources developed in SaLT, please see the following videos

   https://www.manchesterlco.org/speech-language-therapy-workshop-1/

   https://www.manchesterlco.org/speech-language-therapy-workshop-2/

   https://www.manchesterlco.org/speech-language-therapy-workshop-3/
7. Focused work and national investment for the phlebotomy service, waiting times have reduced from 40 to 4 weeks
8. Focussed work and additional investment in the Special Needs School Nursing team
9. Developed a children's long covid rehabilitation offer

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CCHS our strategic response

1. Commissioning Reform Programme; a review of all LCO services, starting with Special Needs School Nursing and Speech and Language

2. In support of the above, Manchester Public Health team are organising a Children's Health Summit, aims to;

- build on and strengthen existing relationships between partners
- develop a shared understanding of what we need to do together to support children and their families and
- secure the mandate for the delivery of a children's programme of work through the Manchester Partnership Board.

3. A review of the School Health Service

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CCHS our partnership response

1. Kickstarter plan; will include a specific focus on speech and language
2. Family Hubs; include an enhanced offer for speech and language and infant feeding
3. Baby week; will include health visiting

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CCHS impact, the difference we make

- The Care Quality Commissioner inspects and regulates NHS organisation; CCHS is rated as good.
- National staff survey; just received the 2022 results, in most areas CCHS scores above the MFT average.
- MFT organisational approach to monitoring; Friends and Families test, compliments, complaints, service accreditation programme … CCHS scores well on the FFT with most services accredited as gold or silver.
- LCO approach to monitoring; performance framework including, referrals, contacts, waits and interventions. CCHS is focussed on reducing waits.
- Best illustrated with a case study …

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Case study 1; school nurses, othoptics and MREH

- 5 year old boy had routine health check at school (vision, hearing, weight and height).
- Vision in both eyes found to be 4 lines lower than the pass level.
- Urgent referral to orthoptics service
- Appointment scheduled for patients to attend local community orthoptic clinic 6 days later.
- Significant long sightedness found and papilloedema – swelling of the optic nerve head at the back of both eyes. On further questioning mother confirmed that child has been lethargic recently and episodes of unexplained vomiting.
- Urgent referral to Manchester Royal Eye Hospital sent the same day (Friday afternoon).
- Diagnosis of benign intracranial hypertension (the following week)
- Patient started on medication
- Patient under long term monitoring and assessment with paediatric neurologists at Manchester Royal Infirmary.
- Patient remains under monitoring with ophthalmologists at MREH for fundoscopy checks and vision monitoring.
- Outcome; significant health risk identified and treated before long term / irreversible complications arose.

Case study 2; Health Visiting, SaLT, Parents and Nursery

- Child referred by Nursery Nurse, Health Visiting Services to Speech and Language, concerns about speech, language and communication
- First visit; child reported to communicate his needs by screaming and would not allow other children to play with him. Plan developed for the family and targets set.
- Review x 1; undertaken at Nursery, child reported to be focussing for longer periods, allowing other children to play close by and continuing to scream to vocalise his needs. Targets were reviewed and adapted.
- Feedback from mum; …. 'he has been making the noise "eh ah eh ah" and we just thought it was one of his many sounds, but last week we realised he was actually singing old McDonald'. Brilliant progress in understanding and communication.
- Review x 2; undertaken in Nursery, improved interaction with peers, approaching them and beginning to use language to comments. Targets reviewed.
- Progress is ongoing …
- This shows how important it is to review progress both at home and in Nursery, and how consistent use of strategies across both settings can support a child's development across different areas of their speech, language and communication.
- It also shows how gradual progress can be, and the positive impact this can have both on the child themselves, and their families.
- This case demonstrates the importance of acknowledging and celebrating every step forward for children with communication difficulties, which updated targets should reflect.

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Supporting reports and links

1. CCHS Quick Facts, provides an overview and key contacts for each service

Microsoft Word
97 - 2003 Documen

2. Manchester Child Health profile, March 2023

Adobe Acrobat
Document

3. Case studies

Children's Community Orthoptic Service

Microsoft
werPoint Presentat

Children's Speech & Language Service

Microsoft
werPoint Presentat

Children's Long COVID Case study

Microsoft
werPoint Presentat

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Thank you for listening ...

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