

## TRAFFORD COUNCIL

**Report to:** Children's Scrutiny  
**Report of:** Helen Gollins, Director of Public Health  
**Date:** November 2023

### Report Title

'A Healthy Start': Actions to reduce health inequalities in children and young people in Trafford

### Purpose

To summarise the policy context, Trafford data and current programmes in relation to children and young people's health inequalities. Taking a focus on healthy behaviours and health and care support, recognising the fundamental drivers (social determinants) of health and wellbeing are broader than this and subject to a very wide range of influences across the system.

### Summary

The physical, emotional, and mental wellbeing of babies, children and young people are shaped by the social determinants of health in which they are born, live and grow, including poverty, social inequalities, structural racism. The way in which these things are distributed leads to differences in opportunities to live healthily or take part in healthy lifestyles or behaviours which in turn leads to inequalities in outcomes and experiences of life.

A whole system approach is needed to address the determinants of child health and inequality, with a shift towards prevention and early intervention to support children, and young people to lead healthy and fulfilling lives and prevent ill health in later life.

The health of Trafford children is generally good but there are avoidable differences for different groups. A range of measures are being taken across Trafford Council and the wider system to improve health; these must take a deliberate approach to avoid inadvertently widening inequalities even if improving overall population outcomes.

### Key figures:

- 11.7% of Trafford under 16s are living in poverty, but this reaches over 44% in areas in Partington. The proportion of children claiming Free School Meals has increased to 14%. Outcomes tend to be worse in most areas of health and wellbeing for those from more deprived backgrounds. In Trafford that is parts of North and West Trafford primarily but there are also pockets within South and Central which experience inequalities acutely because of the relative affluence surrounding them.
- Deprivation alone does not explain all inequalities. Some cohorts experience multiple disadvantage which are not (just) geographically based and require particular focus. Some of these cohorts are described here but there are others sometimes described as families who require 'inclusion health', such as homeless or asylum-seeking families.
- School readiness is an important indicator of future health and social mobility. All children are offered a Healthy Child Programme review at 2.5 years. 86.3% of Trafford children are at or above expected level of development overall; an increase of 2% since 2021/22. Consistently the lowest scoring element within these checks is communication (8.5% not at expected development in Q4 2022/3). This is the focus

of speech, language and communication efforts across partners which is showing improvements.

- By age 5, 72.2% of Trafford's reception children are assessed as having a 'Good Level of Development' (assessing key areas of development indicating school readiness). This is higher than England average of 67.3% and shows improvements on previous years, though there is variation by neighbourhood, gender, Free School Meals status and ethnicity which is the focus of targeted activity. For the first time in October 2023, no area in the West of Trafford is now below average for communication and language or physical development.
- A Trafford task force is working to increase uptake of the Healthy Start pre-paid card and vitamins for 0–5-year-olds. The ward of Bucklow St Martins has the greatest number of healthy start eligible beneficiaries (210) though uptake is similar to the Trafford average of 68%. In North Trafford, 416 families are missing out on Healthy Start vitamins and vouchers, with take up lowest in Gorse Hill and Stretford (55.7%).
- 2022/23 data for Trafford shows that for reception pupils aged 4-5, inequalities in excess weight have been effectively eliminated since 2017/18 so that there is now no statistically significant difference between children living in the different quintiles of deprivation. However, there is still a difference by deprivation group for children by the time they reach year 6 and this appears to be widening.
- Tooth decay, whilst wholly preventable, is still the most common reason for children aged 5-9 years being admitted to hospital nationally. There is some ward-level data on access to dental treatment for children which shows that in Bucklow St Martins, for example, the percentage of children receiving fluoride varnish (a key preventative measure for good oral health) is lowest in Trafford, but the proportion of children who received urgent dental treatment is the highest.
- Substance misuse and alcohol use by young people is a concern that is being looked at in more detail currently. Rates of admission for alcohol-specific conditions in young people is still higher than the England average, though may be reducing.
- Estimates of youth vaping are still highly uncertain but there is concern amongst schools and some young people about misunderstanding of vapes and potential for addiction to nicotine. Government is consulting on regulations to ban smoking for the next generation and to reduce targeting of young people for vapes which the Trafford Tobacco Alliance welcomes.
- Mental Health of children and young people is an increasing concern locally and nationally, exacerbated by the pandemic and long waiting lists for services. The proportion of school pupils who have Special Educational Needs (SEN) with social, emotional and mental health difficulties has risen sharply in Trafford as in England. National research shows those from socially excluded groups and the most deprived areas are twice as likely to have not received support for mental health or still be waiting for support (39%), compared to those living in more affluent areas. This needs assessing locally now as part of ongoing efforts to reduce and support people waiting.
- Sexual health data shows changes in behaviour and use of services for contraception and sexual health testing and prevention. The rate of repeat abortions for under-25s is similar to England but was the highest since 2014.

### **Next Steps / Recommendations**

<p>Trafford's Public Health Team and partners across Trafford are committed to supporting all our children and families to have the best start in life and to reduce the impact of health inequalities. We will continue to do this by:</p>
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- Working across the health and social care system advocating for our children and the communities they live in.
- Advocating for system-wide improvements in recording of protected and other key characteristics and sharing of appropriate population data to allow for pro-active analysis of and intervention in inequalities.
- Commissioning services and working with other commissioners to promote 'proportionate universalism'; that is, providing more for those who need more in order to ensure equal access, experiences and opportunities.
- Working with colleagues in children's services, all-age commissioning and providers, to improve access to information and advice for 'families, young people and professionals. This includes developing and launching Essential Parent platform, online 'padlets' and printable guides.

Executive and shadow members are asked to continue to advocate for and support ongoing work to reduce the impact of health inequalities on outcomes for our children through:

- The work of the Health and Wellbeing Board and Locality Board, new Fairer Health for Trafford Partnership and wider children's governance
- Engagement and co-design mechanisms to enable a better understanding of young people's experiences within Trafford, ensuring these routinely inform design and delivery of our response
- Championing of the neighbourhood program, ensuring children are considered within the networks and plans, bringing together partners at a neighbourhood level and sharing intelligence about what is happening on the ground.

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## 1. Introduction

- 1.1. Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the differences in the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities to live healthily, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing<sup>1</sup>.
- 1.2. The health and care services we receive has less bearing on our health than the socio-economic conditions (sometimes referred to as 'wider or social determinants') but differences in people's access and experience of health and care services is a contributing factor to inequalities.
- 1.3. National and regional policy has focused on inequalities in health outcomes for adults, particularly differences in mortality from diseases such as cancer and respiratory illness. However, many of these, including the Marmot Review<sup>2</sup> and the new GM Fairer Health for All Framework (see below)<sup>3</sup> recognise the important opportunities to support children and families to achieve the 'Best Start' in life, to promote future health and wellbeing. Creating the 'Best Start' is also about ensuring all children's right to a healthy, happy childhood in the here and now, including preventing adverse childhood experiences and trauma.

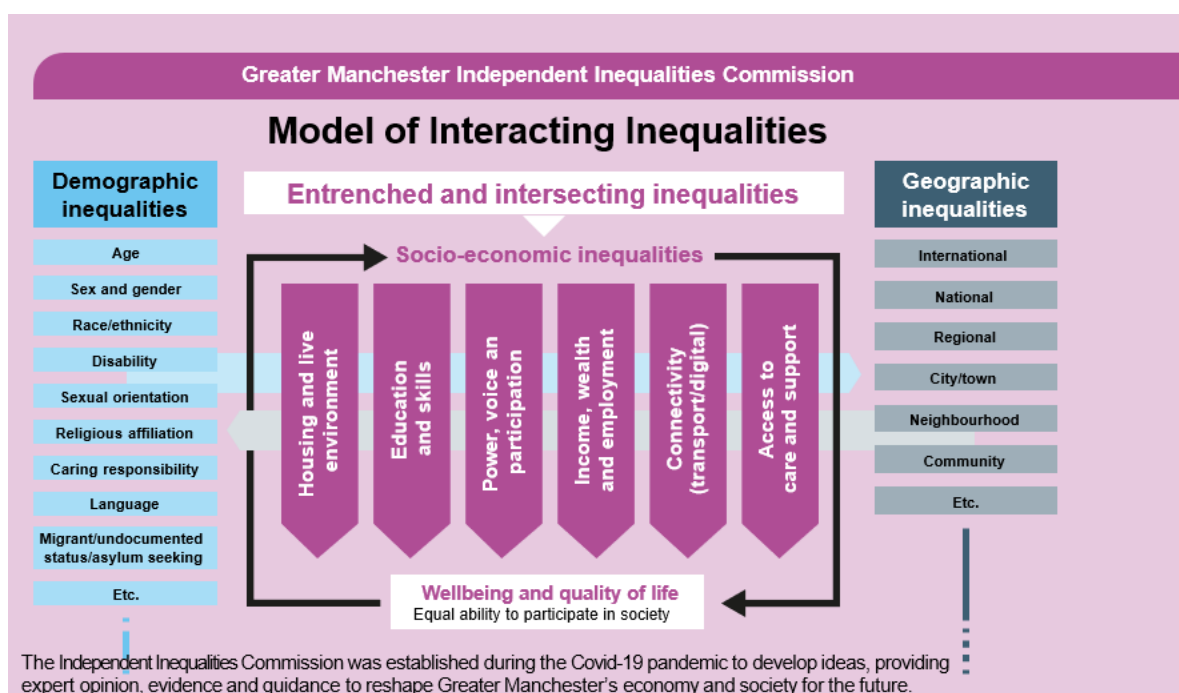


Figure 1: Model to illustrate the entrenched and intersecting inequalities experienced in Greater Manchester (Greater Manchester Independent Inequalities Commission, 2023)

- 1.4. The presence of large inequalities is not just bad for those with the poorest outcomes or experiences; it generates a sense of unfairness and lack of trust and cohesion across the social gradient which is bad for a functioning society as a whole<sup>4</sup>. It also leads to stress which causes physiological damage and mental ill health.

<sup>1</sup> World Health Organization. *Global Status Report on Noncommunicable Diseases 2010*. Geneva, Switzerland: WHO Press; 2011

<sup>2</sup> [Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010](#)

<sup>3</sup> [Fairer Health for All | FHFA Academy \(gmtableau.nhs.uk\)](#)

<sup>4</sup> [Impacts | The Equality Trust](#)

- 1.5. The Association of Directors of Public Health<sup>5</sup> recent position statement on childhood adversity highlights that although children's outcomes are significantly shaped by the social conditions in which they live, these factors do not inevitably lead to poorer outcomes. It is important to strengthen the protective factors surrounding children and their families through a whole-system shift towards prevention and a focus on inequalities.
- 1.6. Children's and adults' health and wellbeing is intricately connected so our work to support adults who may be parents, carers, grandparents or work with children presents an opportunity to impact on children's lives and the health of the next generation. This is the rationale for development of Family Hubs in local areas (see 4.1), which Trafford is pursuing despite not receiving government transformation funding. This principle is also recognised in the development of a Early Help offer which includes parenting programmes and support for parental mental health and wellbeing, including parents of children with specific needs, such as emerging SEND.
- 1.7. Efforts to improve health and wellbeing of adults or children must *actively* consider the impact on inequalities and particularly on certain groups in society; without deliberate action some of our work can inadvertently increase inequalities (such as offering universal services which rely on active sign-up or use). This is the intention behind a newly proposed Fairer Health in Trafford Partnership which will report to the Health and Wellbeing Board and bring together programmes of work to target inequalities, include some children-focused priorities. It will also provide support and challenge to new programmes to ensure they have considered the impact on a range of inequalities.
- 1.8. The new joint Health and Wellbeing Board and Locality Plan for Trafford presents an opportunity to reflect the current challenges and opportunities to provide the Best Start for children, young people and families. Consideration is being given now to the governance and processes to draw together the priorities for this.
- 1.9. This will also ensure that there is clear visibility of children and families' needs and strengths in strategies that deal with the socio-economic determinants of health including, in particular, the Poverty Strategy, Housing Strategy and plans for economic growth and skills development.
- 1.10. Given the breadth of work led by all parts of the Council and our partners to tackle these social determinants of children's health, referred to above, this paper does not attempt to describe all of these in detail.
- 1.11. Instead, it provides a high-level summary of what we understand about inequalities in Trafford in key areas and activity to reduce these. It describes:
  - Trafford context and some groups of children and young people on whom we wish to focus – **Section 2**
  - Opportunities for activity and behaviour which can protect against ill health in the short and longer term (focused on the Health and Wellbeing Board priority areas) – **Section 3**
  - Action to improve health and care access for children and families, particularly those most disadvantaged (taking into account the GM Strategy and Forward Plan and CORE20PLUS5 national framework for health and care inequalities). – **Section 4 and 5**

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<sup>5</sup> [Formatted-FINAL-Childhood-Adversity-Policy-Position-Statement.pdf \(adph.org.uk\)](#)

## 2. Trafford context

2.1. Information on outcomes for children and young people is available publicly on Fingertips<sup>6</sup> and is summarised in the 2021 0-19 Joint Strategic Needs Assessment (JSNA): [Needs assessment for CYP aged 0 to 19 \(traffordjsna.org.uk\)](https://traffordjsna.org.uk)

2.2. Poverty is widely considered to be one of the factors most strongly correlated to poor health and other social outcomes. The size of income inequality also matters in terms of people's experience of living in an area, not just their own absolute income level. On the definition used in the 2019 Indices of Deprivation, 11.7% of Trafford under 16s are living in poverty, but this reaches over 44% in areas in Partington.<sup>7</sup> In 2018 just under 9% of Trafford children (3,533) were claiming Free School Meals. In 2021 this

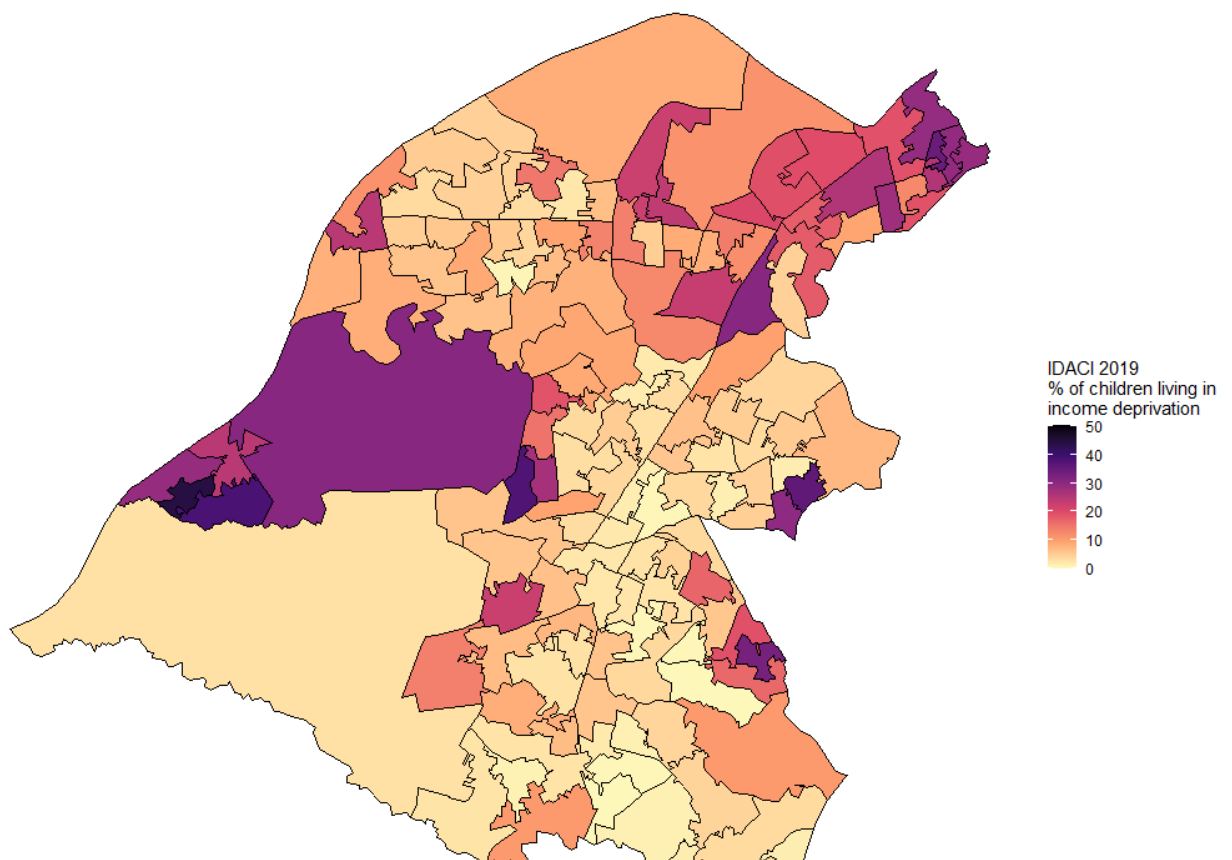


Figure 2: Index of Multiple Deprivation Affecting Children 2019 by LSOA [small area] (Department for Levelling Up, Housing and Communities, 2019)

<sup>6</sup> Fingertips Child and Maternal Health profile – Vulnerable children and young people topic

<https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133238/ati/402/id/90803/age/173/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

Fingertips Perinatal Mental Health profile – Risk & related factors topic:

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health/data#page/1/gid/1938132915/pat/6/par/E12000002/ati/102/are/E08000009/yr/1/cid/4/tbm/1>

Fingertips Child and Maternal Health profile – Pregnancy and birth topic:

<https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133222/pat/6/par/E12000002/ati/402/are/E08000009/yr/3/cid/4/tbm/1>

<sup>7</sup> [Index of Multiple Deprivation Affecting Children 2019 for each small area of Trafford available here.](#)

had increased to 14% (5,953). Income Deprivation Affecting Children 2019 shows differences in small areas in Trafford (Figure 2).

2.3. Some children, families and young people are particularly vulnerable and experience generally worse outcomes across the range of health and social needs described in this paper. Within our work to tackle the social determinants of health, improve opportunities for healthy behaviours and increase access to health and care services, these young people need bespoke approaches. Otherwise, we may inadvertently widen inequalities. Some of these priority groups for Trafford are described below but this is not an exhaustive list:

2.3.1. **Young people with Special Educational Needs and Disabilities** – the recent CQC and Ofsted joint inspection provided valuable insight into the experiences of young people and families in Trafford and opportunities for improvement across the system. All public health, NHS and social care offers will be reviewed in light of these findings and the on-going SEND Ambitions Plans.

2.3.2. Young people with SEND experience significant inequalities in terms of access to and experience of wider determinants of health (including being more likely to live in low-income families and communities), reduced social opportunities, leisure and other health promoting activities and poorer access to our health and care services. However, there are also good examples of positive opportunities which *pro-actively* tackle these inequalities, often working closely with young people with SEND and their families to understand their varied desires and needs better, as highlighted in the self-evaluation.

2.3.3. An example of this is the provision of community bicycle-riding sessions, adapted bikes and specially trained staff in non-stigmatising open sessions, provided by Wheels for All. Infrastructure works in leisure services and highways are also considering the needs of particular cohorts such as those with SEND so that we do not inadvertently increase inequalities.

2.3.4. There has also been significant progress in 2022/23 in terms of the Early Years Foundation Stage Profile outcomes for children on SEN Support, with 25% of Trafford children with SEN support achieving a Good Level of Development compared to 24.5% nationally. This demonstrates real progress on 2021/22 when 20.9% of children on SEN Support in Trafford achieved a GLD; below the national average.

2.3.5. **Care Experienced Young People:** The health of children and young people looked after in Trafford is relatively good and annual health assessments are completed routinely. Figure 3 shows an apparent reduction in the proportion of young people for whom emotional wellbeing is a cause for concern, as at 2021/22.

2.3.6. Having been recognised formally by the Council as a protected characteristic, a 'health offer' is being developed for people who are care experienced, in the context of other offers of support for consideration by young people. Power 2 deliver mentoring support to care experienced young people over 18 to support emotional health and wellbeing, education, employment, training and housing. Priority dental access is in place.

2.3.7. The rate of children looked after in the 20% most deprived small areas in Trafford is more than ten times that of the least deprived 20% of small areas. This, along with the challenges that many young people will have faced early in life, mean that care experienced young people are more likely to face a range of physical and mental health issues over their lifetime, including once they move into adulthood. This transition period is a point of particular risk and focus for the Corporate Parenting Board and Children’s Commissioning Board.

Percentage of looked after children whose emotional wellbeing is a cause for concern for Trafford

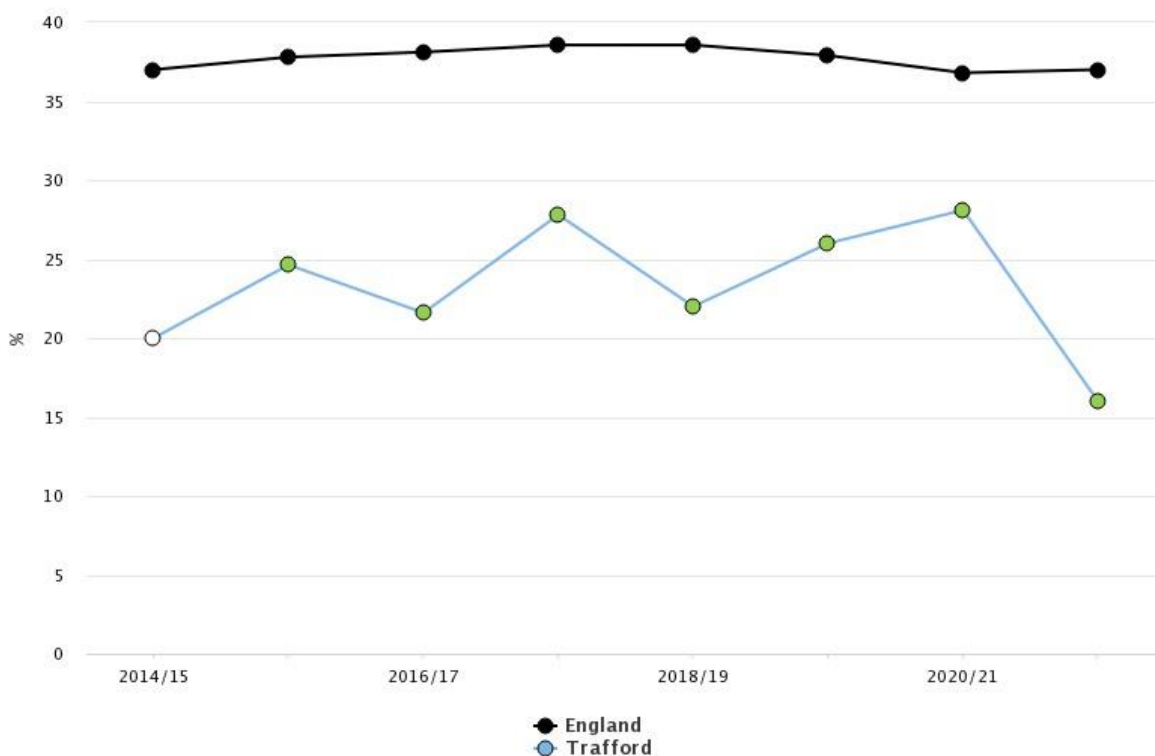


Figure 3: Proportion of all looked after children aged 5-16 (inc) in care at least 12 months with SDQ score over 17 (DfE, 2023)

2.3.8. **Young people involved in violence and/ or youth justice:** have significant levels of vulnerability including trauma, high levels of SEND, mental health issues and high risk of exclusions. A JSNA is underway, led by Public Health and Community Safety to explore these needs and inform a Serious Violence Action Plan.

2.3.9. Currently, a trauma-informed, joined up approach is taken to support young people involved in or at risk of violence (in the broadest sense) including:

- Specific commissions of early intervention and positive diversion activities, including sports-based mentoring and outreach;
- A Violence Reduction Officer who provides a single point of contact and co-ordination, with links to TTT, Youth Justice, Police and Community Safety and community providers;
- A new schools engagement officer;
- Training and advocacy for services, schools and community groups;
- A schools protocol for young people found to have a weapon or involved in violence including a multi-agency group and response for preventing permanent



exclusion, working with the schools improvement team and several partners. Nationally children with SEND are seven times more likely to be permanently excluded. As such, in Trafford, there is a focus on effectively supporting children who have SEND who become at risk of exclusion through this process, working alongside their key worker. This approach will be reviewed and developed.

2.3.10. **Digital Exclusion:** Many services are being recommissioned to include an online element or have offers for those who cannot access services which are hosted online. It is important to remember that there are still significant proportions of the population who cannot easily access digital technology or internet. In Trafford there are pockets of higher risk of digital exclusion in Bucklow-St Martins and Bowdon. 7.7% of the population of Trafford (~18,460 residents) live in an area (LSOA) with a Digital Exclusion Risk Index (DERI) score of 5 or 6 representing a high risk of digital exclusion, whilst 53.2% (~126,500 residents) live in an area with DERI score of 1 or 2 representing a low risk of digital exclusion.

**Digital Exclusion Risk Index (DERI)**  
Trafford LSOAs, 2019

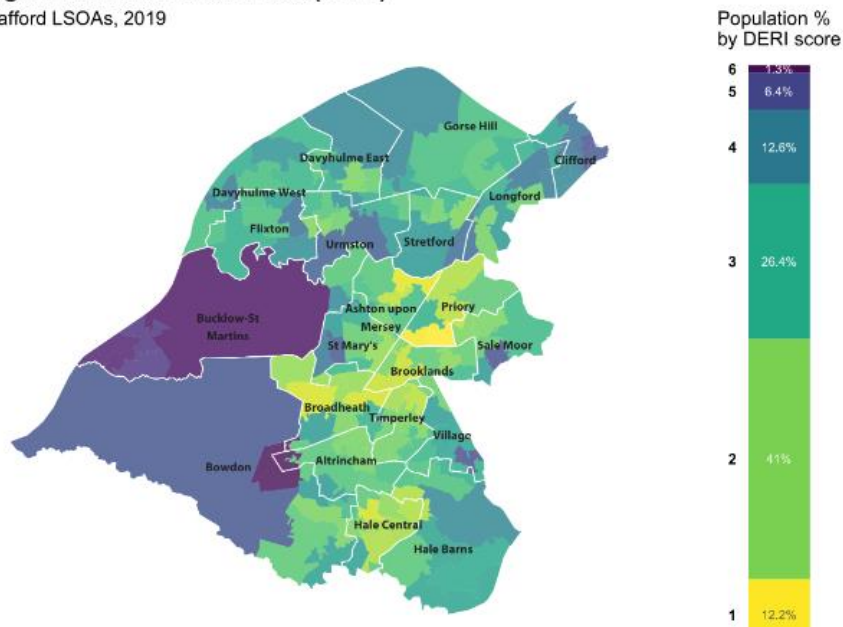


Figure 4: Digital Exclusion Risk Index (DERI) score by LSOA (GMCA/ ONS, 2022)

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### 3. Increasing opportunities for healthy behaviours

3.1. **Early Years and ‘Start for Life’:** The Best Beginnings Board brings together relevant partners in the early years phase, with a strategic plan for the 0-5 age range and their families up to 2025 (see Table 1). There is an action plan under each of the key priorities including improving the health of children in the early years and addressing health outcomes, which covers relevant issues addressed in this paper.

Table 1: Trafford Best Beginnings Board Strategic Ambitions (Trafford Council, 2022-2025)

Ambitions for all children in their early years and their families				
Ambition 1: We have loving and nurturing relationships and have a safe home free from stress and adversity	Ambition 2: We have the right help to develop good communication and language	Ambition 3: We have our best possible physical health, enjoy good emotional mental health and feel supported in our communities	Ambition 4: We have access to resources, are financially resilient and live in thriving communities	Ambition 5: We have a love of learning

- 3.2. There is a well-established international consensus on the importance of the first 1,001 days from pregnancy to the age of two in setting the foundations for an individual's cognitive, emotional, and physical development<sup>8</sup>. The Family Hubs programme, led by the Department of Education (DfE) and Department of Health and Social Care (DHSC), focuses on joining up and enhancing services and support in small areas to reflect varying needs in different groups. There is a focus on this period, including:
- Infant Feeding including breastfeeding and the move to solid food
  - Early Language and Home Learning Environment
  - Parenting Support
  - Parent-infant relationships and perinatal mental health
  - Parent-carer voice
  - Creation of a joined up and published start for life offer and information.
- 3.3. Trafford did not receive the government transformation funding for Family Hubs due to our demographic make-up. However, a programme has been established to implement many of the principles in a way that works for Trafford, including a focus on the 'Start for Life' period (conception to age 2). A Test and Learn hub approach is being developed for the North in recognition of the inequalities of outcome there. In the other areas the Group is informing a children and family focused element of the wider neighbourhood health and care model, so that each area has identified children-focused priorities to tackle inequalities most important to their communities, and children's professionals are brought together and embedded, where relevant, in the wider network.
- 3.4. The Best Beginnings Board held a workshop to map existing practice and aspirations against national standards for the Start for Life Offer for family hubs and identified the following aspects of Trafford's Start for Life (and wider Early Years) offers:
- 3.5. Home Start are undertaking ethnographic work with families in the North of Trafford to enable co-design of the Start for Life element of the Family Hub offer and provide a conduit between families and professionals.
- 3.6. There are specialist midwifery staff and pathways to provide additional and tailored support women and families who are asylum seeking, refugee or new migrants; young parents; homeless families. There are also specific staff and pathways to support women experiencing overweight or who smoke to manage their pregnancy and to support them to improve their own and their families' health. Analysis across England shows that there is a social gradient in smoking status at time of delivery

<sup>8</sup> World Health Organisation's Global Strategy for Women's, Children's and Adolescents' Health, the UNICEF Baby Friendly Initiative, and in England, both the NHS Long Term Plan and Public Health England's 2016 guidance on "giving every child the best start in life". [The best start for life a vision for the 1 001 critical days.pdf \(publishing.service.gov.uk\)](#).

- ranging from 7.1% among mothers living in the least deprived 10% of small areas in England, compared to 13.2% in the most deprived 10% of small areas.
- 3.7. Health Visitors offer the Healthy Child Programme with support offered to all children from birth to 5. In 2022/23, 96.2% of families received a 6-8 week check in Trafford compared to 81.6% in England.
  - 3.8. As well as more intensive support for some families (universal plus) they also provide specialist nursing input for children where there are safeguarding concerns and child protection proceedings and have dedicated posts for homeless families, migrant families living in the Ashley Hotel, dedicated specialist Health Visitors within Trafford Early Development Service [TEDS] (Early Years registered Portage Service for children with complex additional needs) and the First Response Team, providing nursing input to multi-agency assessment of risk and early help offers.
  - 3.9. In Trafford, Health Visitor caseloads show differences across the four neighbourhoods (see 2022/23 breakdown in the table below). The North of the borough sees the highest number of families receiving Targeted (35%) and Specialist support (3%), with the remainder of families receiving universal support (62%), with the Trafford universal caseload average for all areas at 68%.

*Table 2: Trafford health visiting caseload average by neighbourhood (Trafford Public Health dataset, Trafford Council, 2023)*

Trafford Health Visiting caseload average by neighbourhood – 2022/2023					
Average caseload 2022/23	North	West	Central	South	Average Trafford
Universal	62%	74%	66%	70%	68%
Targeted	35%	24%	32%	29%	30%
Specialist	3%	2%	2%	1%	2%
Total	100%	100%	100%	100%	100%

- 3.10. **Infant feeding:** Breastfeeding is correlated with good infant and future childhood health, including reduced risk of hospital admissions for respiratory and gastro-intestinal issues. Rates are generally high in Trafford, with 78.1% of newborns receiving breast milk as their first feed. However, there is variation between neighbourhoods and populations within those: since 2017/18, Trafford South has typically had the highest proportion of babies being fully or partially breastfed at 6-8 weeks of age (67.4% average), closely followed by Trafford Central (65.6%) and then North (62.6%). West has persistently had the lowest proportion (52.3%).
- 3.11. Women in Trafford express that they want more and flexible support from both professionals and peer supporters around infant feeding. This also needs to consider the introduction of solid food, to empower families to begin with a healthy relationship to food and nutrition and help to manage this often-confusing time where health issues as well as accidents can occur. As such, weaning groups are being reintroduced by the Health Visiting Teams this year and the provider has been asked to prioritise areas with most need, including higher rates of early childhood obesity.
- 3.12. **Speech and language and child development:** Children and young people with communication difficulties are at increased risk of social, emotional and behavioural difficulties and mental health problems. It is recognised as a core indicator of future health and wellbeing. Many young children whose needs are identified early do catch

up with their peers<sup>9</sup>. Research suggests that children from more disadvantaged backgrounds are more likely to experience speech and language difficulties<sup>10</sup>. However, access to enriching resources like books, toys and experiences that promote early language is more influential on language development than the broader socio-economic context of the family.

- 3.13. The Ages & Stages Questionnaire-3 (ASQ-3) is a developmental screening tool used by the Healthy Child Programme service led by Health Visitors, which explores and assesses five areas- Communication, Gross Motor, Fine Motor, Problem-Solving and Personal-Social development. In 2022/23, approximately 1,370 children received (85% of those eligible), compared to 21/22 (74.3% average) and found:
- Taking all 5 areas of development together, 87% of Trafford children are at or above expected level, an increase of 4% points in Trafford since 2021/22 (83%).
  - The lowest area is communication (8% not at expected level on average)
  - The highest scoring area is consistently fine motor skills
- 3.14. In the third quarter of 2022/23, TLCO's children's community health services integrated EMIS EPR data systems. We are still working with the service on improving the details of the ASQ-3 scores on a neighbourhood level to enhance the quality of data and our understanding of the inequalities between the four neighbourhoods.
- 3.15. There are also improvements being seen in the 'Good Level of Development' (GLD) measure completed at the end of reception and made up of several early years goals which give an indication of 'school readiness'. By age 5, 72.2% of Trafford's reception children are assessed as having GLD. This is higher than England average of 67.3% and latest data as of October 2023 (Table 3 below) shows improvements on previous years. For the first time, no area in the West of Trafford is now below average for communication and language or physical development.
- 3.16. However, outcomes do still vary by neighbourhood and by gender (see Table 3 below), though the gender gaps are smaller than national.

*Table 3: Good Level of Development in Trafford by neighbourhood and gender (Early Years dataset, Trafford Council, 2023)*

GLD	National	All Trafford	Trafford Central	Trafford South	Trafford North	Trafford West
All pupils	67.3%	72.2%	76.7%	76.6%	65.5%	69.3%
Girls	74.2%	78.1%	82.2%	80.6%	70.9%	75.7%
Boys	60.9%	66.6%	71.6%	71.0%	60.1%	63.3%
Gender Gap (% points)	13.6%	11.5%	10.6%	9.6%	10.5%	12.4%

- 3.17. Closing the gap continues to be a key priority, focusing on cohorts of disadvantaged children, such as those on Free School Meals. There are also ethnicity gaps and these are experienced differently in different neighbourhoods, showing the need to consider intersectionality, not just broad geographical groups.

<sup>9</sup> Public Health England report for Trafford [Speech language communication-\(traffordjsna.org.uk\)](https://traffordjsna.org.uk)

<sup>10</sup> Royal College of Speech and Language Therapists (RCSLT). RCSLT briefing paper on Language Disorder with a specific focus on Developmental Language Disorder. 2017.

- 3.18. Focused work has taken place to embed speech, language and communication (SLC) screening and interventions with the WellComm tool embedded across early education and primary schools with clear interventions to support positive home and community learning environments through the Big Book of Ideas.
- 3.19. There are early indications that this has produced positive results. WellComm data for academic year 22/23 for Reception cohort in Partington showed 68% of the cohort scoring Green (expected levels) in Summer 2023 compared to 46% in Autumn 2022 when they started.
- 3.20. A significant amount of work has gone into the development of the early years sector in Trafford and increasing access for the most disadvantaged families. This is a Corporate and GM priority for supporting social mobility and school readiness. Take-up of the targeted Free Early Education Entitlement (FEEE) for two-year-olds in North Trafford has increased from 68% in 2021 to 83% by Summer 2023 and up to 94% in the rest of the borough, halving the gap in access, from 25% to 12%.
- 3.21. Challenges and opportunities to improve have also been captured for prioritisation through the Family Hubs programme and focus on 'Start for Life':
- 3.21.1. Workforce capacity – for example, the nationally recommended caseload for Health Visiting (HV) is 250 families per WTE, though this is currently recognised nationally as unrealistic; as of Quarter 1 2022/23, Trafford HV's had a caseload of 346 families per WTE. The Early Years sector has significant vacancies with 32% of settings in Trafford capping numbers of children due to this. Availability and take-up of childcare is not evenly spread with fewer part-time places available in North and lower take-up of free early education in the North of Trafford, despite relative deprivation.
- 3.21.2. Increase in demand and waiting lists for example, between 2020/21 and 2022/23 the number of mental health referrals for CYP aged 0-5 years increased from 142 to 215 per year. Trafford Infant Parent Service [TIPS] raises awareness of the importance of the parent-infant relationship by offering support to families around attachment and emotional wellbeing. The service has been working with partners to enable others to identify and support families earlier and reduce demand.
- 3.21.3. There is a broad Early Help offer for families with children of all ages. For example, Home Start offer holistic home visiting, befriending and family support service to families across the borough with children of any age, often with a focus on those with younger children. A sleep service also supports families with children 2+ to improve sleep and a range of parenting offers are available and currently being reviewed to fit the needs of Trafford parents.
- 3.21.4. Trafford Team Together (TTT) will be rolled out to all schools soon which provides a mechanism for holistic early family help offers for families who are experiencing challenges, often as result of multiple disadvantages or health inequalities. Consideration is being given to the extension of this model into the early years sector.
- 3.21.5. Whilst much good practice exists within services, there is an opportunity now to 'go further' by:
- Making these services more familiar to other professionals and families through a co-produced, easily accessible Start for Life offer online and in print. The current Start for Life offer is detailed on the Trafford Directory: [Trafford Directory | Start for Life - Universal Support](#) but a series of improvements are being made this year to access to information and advice for families and professionals including:
    - the Essential Parent platform, with packages of information to be given to families to suit their needs

- online 'padlets' for advice, resources and service details related to different ages and topics to supplement and point to and from the Trafford Directory
- printable guides.
- Sharing skills and resources beyond individual services - empowering families and communities to be healthy and to support parents and babies outside of core services, including for those waiting for service. Although partners are getting better at identifying needs and referring, they can lack capacity or confidence to offer early intervention. There will be a particular focus on:
  - early language and attachment with families and community partners (third sector, stay and play providers, leisure providers and peer supporters). This includes delivery of workshops, training, advice-lines / Consultancy offers, resource banks and peer-support schemes. This will be supported by the full roll-out over the coming year of the 'Essential Parent' platform, with evidence-based resource packs, which can be tailored to families' needs by professionals (including those outside statutory services).
  - Provision of a range of free, face to face (and online) antenatal and post-natal parent education opportunities. This is likely to be a focus of the North Trafford Family Hub pilot, subject to further co-production with families. Whilst midwifery capacity is very limited, a new parent education midwife has recently been recruited by MFT / TLCO and there are also plans to begin joint Parent Infant Mental Health (PIMH) and infant-feeding support groups for parents/carers in the new year, supported by the 0-19 service.

3.22. **Healthy Start Vitamins and Vouchers:** a multi-agency Trafford Healthy Start task force is working to increase uptake of the Healthy Start pre-paid card and vitamins for 0–5-year-olds. The ward of Bucklow St Martins has the greatest number of healthy start eligible beneficiaries (210) and uptake is 69% which is similar to the Trafford uptake rate of 68%. In North Trafford, 416 families are missing out on Healthy Start vitamins and vouchers (April 23), with take up lowest in Gorse Hill and Stretford (55.7%).

3.23. There has been training undertaken with key partners in Partington in particular, to ensure that they can support residents to access this benefit. Recently, the Early Help Hubs in Partington and Stretford have started distributing Healthy Start vitamins to those who receive this benefit, as well as selling the vitamins at cost price to those families who may not qualify for Healthy Start but are keen to ensure that they maintain nutritional intake for their children.

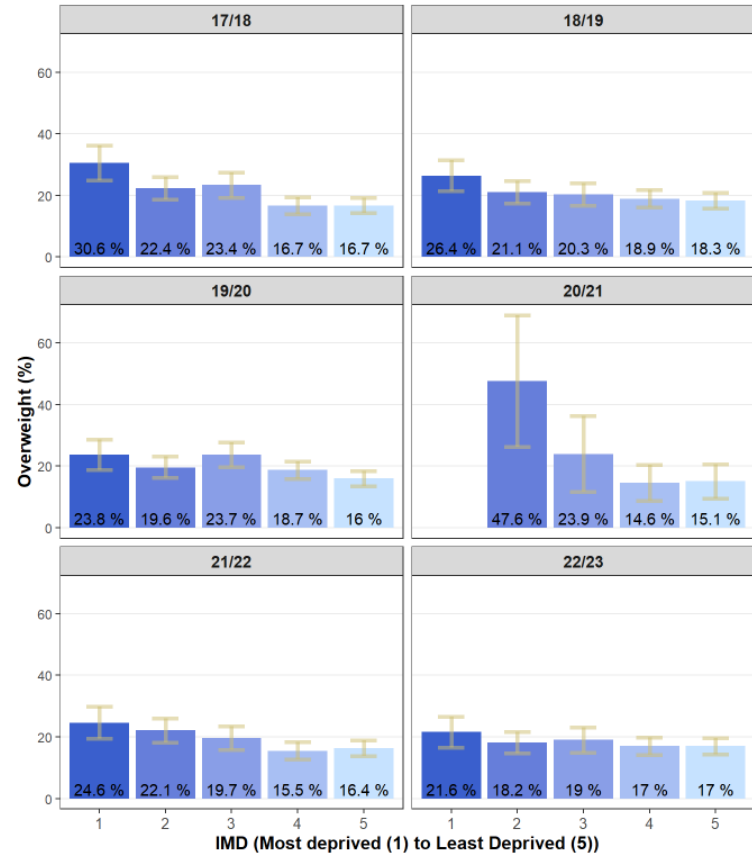
3.24. **Healthy weight:** the National Child Measurement Programme (NCMP) measures the height and weight of all children in reception and year 6 and is a robust method of assessing weight status of primary school children with over 95% participation.

3.25. In Trafford this programme is delivered by the school health team and participation in 2022/23 was 94.4% across both year groups.

3.26. Although prevalence of excess weight in Trafford pupils is similar to the national average, this masks significant inequalities between different groups especially at year 6.

3.27. However, the latest 2022/23 NCMP data for Trafford, shows that for reception-age children aged 4-5, inequalities in excess weight have narrowed since 2017/18 so that there is now no statistically significant difference between children living in the different quintiles of deprivation, caused by a reduction in overweight amongst the most deprived rather than simply an increase in the least deprived groups (Figure 5).

Percentage of Overweight Reception Children by IMD  
Trafford, 2017/18-22/23



Percentage of Obese Reception Children by IMD  
Trafford, 2017/18-22/23

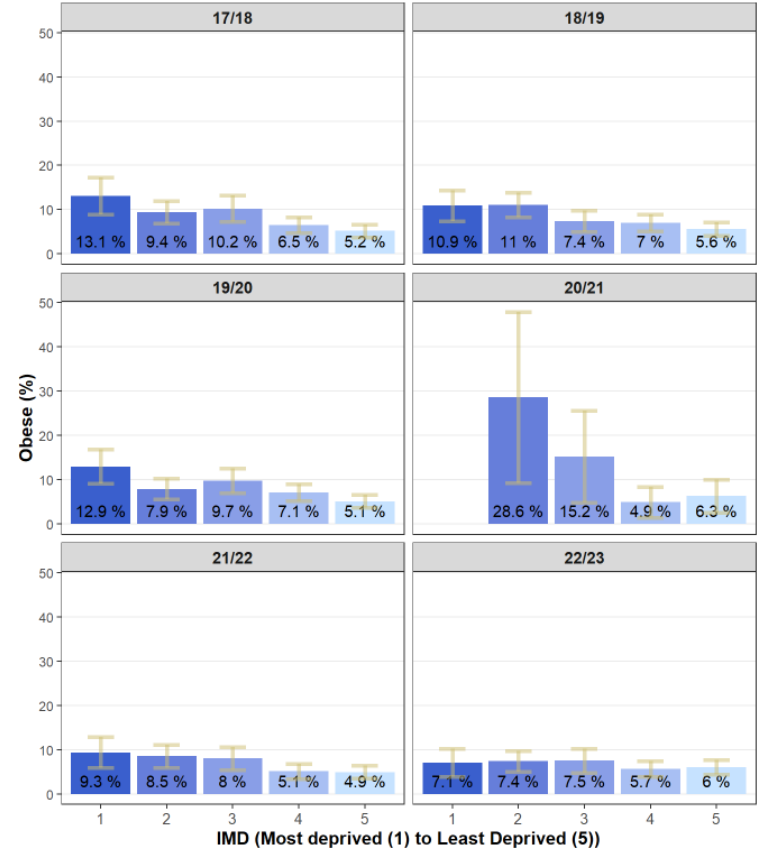
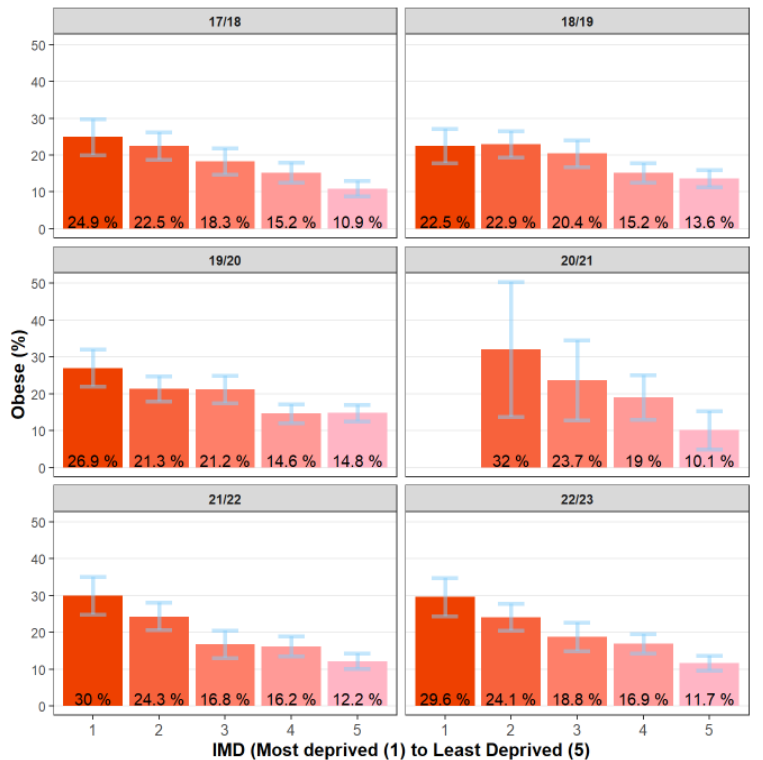
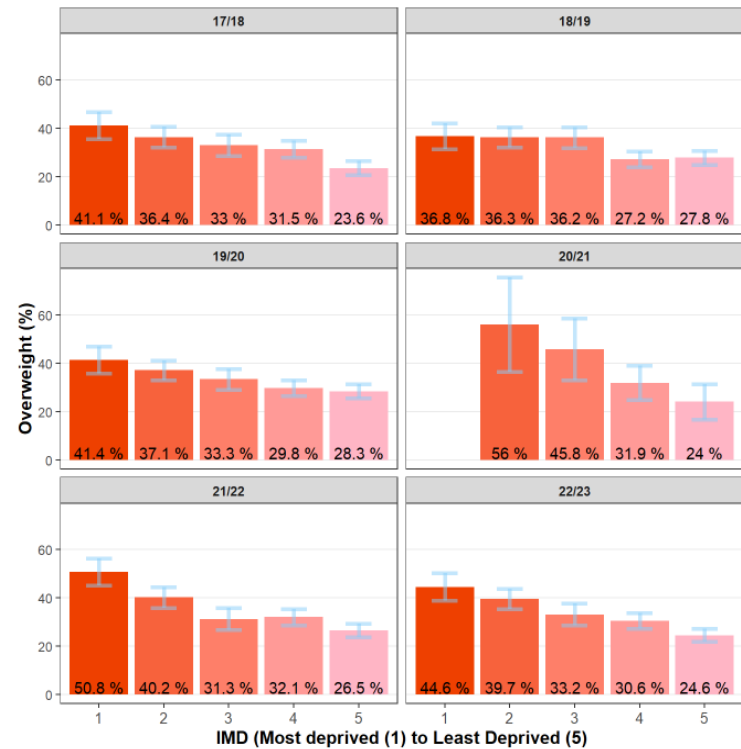


Figure 6: Percentage of overweight and obese Trafford reception pupils by Indices of Multiple Deprivation [IMD] Public Health dataset, Trafford Council, 2023

Figure 5: Percentage of overweight and obese Trafford year 6 pupils by Indices of Multiple Deprivation [IMD] Public Health dataset, Trafford Council, 2023

Percentage of Overweight Year 6 Pupils by IMD  
Trafford, 2017



Note: IMD '1' data for 20/21 has been removed due to small number suppression

Note: IMD '1' data for 20/21 has been removed due to small number suppression

3.28. However, in children aged 10-11, the social gradient is more pronounced, and the

inequalities between children living in most deprived and least deprived communities is still significant (Figure 6).

- 3.29. As well as delivering the NCMP, the school health team provide public health support to schools, children and families around a range of health improvement topics, including healthy weight. School nurses also support a caseload of children and young people who need individual support with their weight and wellbeing.
- 3.30. The Public Health team also commissions a Family Wellbeing Programme that supports families around healthy eating, moving more and mental wellbeing. This is delivered in areas of greatest need and for families who are referred from teams such as Trafford Team Together. Currently, demand for this service is outstripping supply and referrals into this service are currently paused.
- 3.31. For children and young people who need more specialist support, NHS GM Trafford Locality team commission the CYP Specialist Weight Management Service through TLCO.
- 3.32. **Physical Activity:** there is a social gradient in physical inactivity, meaning children living in the most deprived communities more likely to be inactive than those in least deprived communities<sup>11</sup>. At a neighbourhood level, less than one-third (30.2%) of children and young people in North Trafford surveyed via the BeeWell survey<sup>12</sup> met the CMO guidelines of 1 hour of activity per day. (West – 39.8%; Central – 46.7%; South – 35.7%). In addition, achieving the recommended daily level of 60 minutes moderate-to-vigorous intensity physical activity can be difficult for children with disabilities.
- 3.33. Trafford Moving is the borough’s sport & physical activity strategy, and this has identified seven key communities where people are less likely to be active. Each of these areas is in the process of co-producing a place-based activity plan, with Broomwood leading the way through the new Broomwood Moving partnership. These plans will be linked into the neighbourhood plans, which have identified key priorities in each neighbourhood. The place-based Trafford Moving plans will be developed in Old Trafford, Stretford, Gorse Hill, Sale West, Sale Moor, Partington and Broomwood.
- 3.34. Activity to address inequalities in physical activity in CYP includes the following:
  - 3.34.1. Beat the Street – commissioned to deliver programme across North Trafford from early Spring 2024. Primarily aimed at primary school aged children and their families, this is a game that encourages people to get active by walking, wheeling or cycling around their community, swiping cards on Beat Boxes to earn points for their school, family or team.
  - 3.34.2. School streets – Population Health fellow research project to enable Council to prioritise school street implementation based on deprivation, air quality and injuries to CYP caused by traffic collisions.
  - 3.34.3. Holiday Activities and Food – funded holiday activities for CYP in receipt of free school meals including a meal for each child when they attend activities. We are working with providers and commissioners to improve the offer for SEND children and young people.
  - 3.34.4. Short breaks offer being developed by Sport Works and Gorse Hill Studios, offering a mix of creative and active opportunities for children and young people at tier 2 who are unable to access universal services.
- 3.35. **Smoking and Vaping:** A Trafford Trading Standards Survey of young people in 2022 found that 10% claim to vape occasionally or regularly compared to the GM average of 22% and 77% had never tried a vape, which is higher than the GM average of 59%. However, the Voice of the Child Champions Group in February 2023 felt those

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<sup>11</sup> [Active Lives | Results \(sportengland.org\)](https://www.sportengland.org/active-lives/results)

<sup>12</sup> [Locality report \(Trafford\) \(uomseed.com\)](https://www.uomseed.com/locality-report-trafford)



prevalence estimates are inaccurate, and the number of young people vaping was higher and that most people who vaped had not smoked before.

- 3.36. The Public Health Team is now hosting a Population Health Fellowship for a school nurse to undertake a day a week on research with young people on their experiences of vaping to develop proposals to protect their health, alongside study of population health.
- 3.37. In 2021. Public Health worked with Gorse Hill studio and Trafford's Youth Voice group to co-design resources on smoking and vaping for young people. During the 2022/23 academic year, Trafford School Health (MFT) delivered health promotion sessions on the risks and harms of vaping to approximately 45 Year 6 classes in Trafford Schools as part of the Crucial Crew.
- 3.38. The public health team have since commissioned Early Break to work with the School Health team to increase young people's, parents' and professionals' understanding of the risks, providing resources and webinars as well as one to one support and drop-ins to prevent young people starting smoking and vaping or help them stop.
- 3.39. The Government have announced a series of policy measures to create the first smoke free generation ('Stopping the Start'). This includes the phased introduction of a ban on sales of cigarettes, meaning that 13 year-olds today can never legally buy cigarettes. This will significantly improve the health of our future population, as long as this is accompanied by suitable deterrents to starting smoking and support to quit. The Tobacco Alliance is therefore putting in place plans to commission additional smoking cessation support for target groups in Trafford as part of a new grant which has been committed to as part of these reforms. There has also been commitment to fund enhanced enforcement, though details of this are yet to be confirmed.
- 3.40. Government are currently consulting on measures to reduce the appeal and availability of vapes to children, whilst ensuring vapes are available for adults to help them quit smoking. This considers (1) restricting the flavours and descriptions so that vape flavours are no longer targeted at children (2) regulating point of sale displays (3) regulating vape packaging so it is not targeted to children (4) stopping the sale of disposable vapes, which have been linked to the rise in vaping in children and are incredibly harmful to the environment and (5) closing loopholes which allow children to get free samples and buy non-nicotine vapes. Trafford Council Public Health Team are currently coordinating a Trafford response to this consultation in partnership with stakeholders through the Trafford Tobacco Alliance.
- 3.41. **Substance Misuse:** It is difficult to identify the nature and scale of substance use within young people, though there are good regional mechanisms to identify trends and emerging substances, which Trafford is part of. Up to date intelligence is shared through the new Trafford Substance Misuse, Alcohol and Gambling Partnership (TASMGP) which is currently developing its action plan. A joint strategic needs assessment is being developed with partners to describe what is known about substance use in Trafford, and the needs and existing support available for young people as well as adults. It is likely this will recommend improvements in data collection and sharing so that a wide range of partners are identifying and supporting young people who use substances, including alcohol.

3.42. The use of alcohol by young people has been of concern for some time, though recent data suggest that although Trafford still has higher rates of admissions relating to alcohol for under-18s compared to England, this may be reducing.

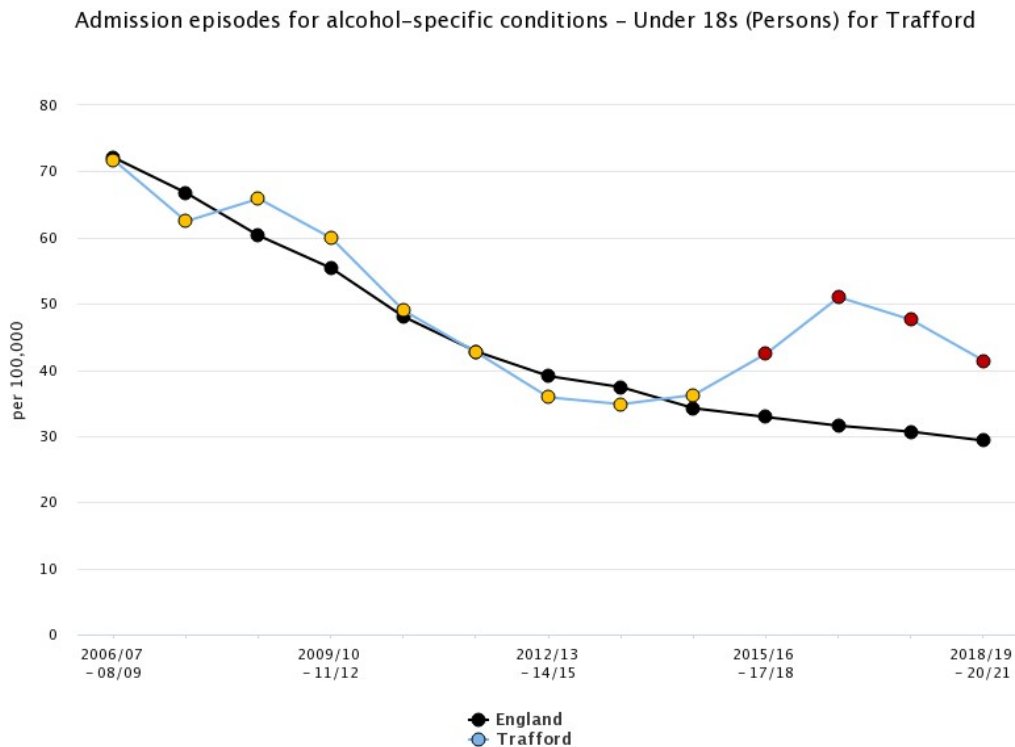


Figure 7: Rate per 100,000 of admissions to hospital for alcohol-specific conditions for under 18s, 2006 - 2021 (Office for Health Improvement and Disparities, 2022)

- 3.43. Early Break are commissioned to provide the core young people’s service (prevention, work with schools, early intervention and treatment) as well as the Holding Families model to work with families where parents use substances. This is part of the ACHIEVE contract with GMMH as lead provider. However, public health have recently commissioned some enhanced activity around alcohol (as well as smoking and vaping as above). Early Break take an evidence-based approach and target intervention where possible, particularly through schools, youth justice and TTT. There is limited capacity in Trafford and a focus is on upskilling and linking to other professionals and young people themselves. Support for young people with both substance use and mental wellbeing needs (whether in services or not) is a priority for the TASMGP.
- 3.44. Early Break employs Voice to Voice workers; young people who have lived experience and who work with other young people to harness and use their voice to influence change. Trafford partners are keen to work with them -and other local groups of young people to better understand their experiences, particularly around alcohol use and changes since covid.
- 3.45. This will be covered in more detail in the paper requested by Scrutiny for January 2024.

#### 4. Health and Care Support

4.1. Below a summary is provided for some key areas of public health and ICB activity, including the clinical areas from the CORE20PLUS5 for Children (see Figure 8, which is the national NHS framework to focus efforts on specific opportunities to address inequalities for children. In addition to a focus on the needs of the 20% most deprived

and specific cohorts to be defined locally, the framework identifies 5 clinical priority areas below:



Figure 8: CORE20PLUS5 key clinical areas of health inequalities for children and young people (NHS England, 2021)

- 4.2. **Oral health** - Tooth decay, whilst wholly preventable, is still the most common disease in childhood and the most common reason for children aged 5-9 years being admitted to hospital. It can cause pain and infection which can limit children's ability to learn, sleep, eat and play. Children living in areas of social deprivation are at particularly high risk. Tooth decay prevalence data for Trafford as a whole can mask significant inequalities experienced by specific groups. The sample size for the national surveys is not sufficiently large to allow for robust estimates of the dental health of specific groups within local authorities.
- 4.3. There is limited ward-level data on access to dental treatment for CYP and this shows that in Bucklow St Martins, for example, the percentage of children receiving fluoride varnish (a key preventative measure for good oral health) is lowest compared to other wards in Trafford, but the proportion of children who received urgent dental treatment was the highest.
- 4.4. The national survey for 5-year-olds is being undertaken this year, and Trafford have secured additional funding to commission an enhanced survey, to provide additional granularity and to understand levels of tooth decay in specific neighbourhoods for the first time.
- 4.5. Public health have developed two programmes to address inequalities in oral health: toothbrush and toothpaste distribution via health visitors, and a supervised toothbrushing scheme. Toothbrush and paste distribution via health visitors is a universal one-time offer, with families most in need receiving further packs as required (up to 4 packs per year). In addition, Public Health are working with Early Help Hubs to set up a process for selling toothbrush and paste packs at cost price for families in areas of greatest need. These will be significantly cheaper for families than purchasing at retail price.
- 4.6. The supervised toothbrushing programme is delivered by NHS Bridgewater Foundation Trust. The team will visit nurseries and early years settings and deliver training to staff and children on effective toothbrushing and provide a set of toothbrushes for the children to use on a daily basis. This programme is focused on settings in our most deprived communities.

- 4.7. In addition, we provide toothbrush and toothpaste sets for vulnerable cohorts, such as children and families within the resettlement hotels and homeless accommodation.
- 4.8. **Asthma:** is the most common long-term medical condition in children in the UK and causes regular disruption to education and social activities for many sufferers. [NHS England](#)<sup>13</sup> reports that outcomes are worse for children and young people living in the most deprived areas.
- 4.9. In 2022-2023, 11% of Trafford young people aged 11-17 years were in receipt of an asthma prescription. The rate of emergency hospital admissions for asthma among children and young people aged under 19 in 2017/2018 was 174 in England, 165 in Wales and 157 in Scotland (all per 100,000 children and young people aged 0 to 18 years). The rate in Trafford is 84.7 per 100,000 so well below the England rate.
- 4.10. Trafford is part of the Greater Manchester and Eastern Cheshire Children and Young People's Asthma programme which is overseeing an action plan including early and accurate diagnostics and preventative medicine.
- 4.11. Prevention of asthma and exacerbations requires work with housing and environmental improvements to ensure clean air, which are priorities within the Greater Manchester Strategy.
- 4.12. **Epilepsy:** in 2021/22 the admission rate for epilepsy for under 19 year olds is 26.1 per 100,000. This is much lower than the England average of 73.6. The GM Children and Young People's (CYP) Epilepsy Working Group provides oversight and governance for delivery against the GM Children's Epilepsy improvement Programme with the overall aim of improving epilepsy care in children and young people.
- 4.13. **Diabetes:** Trafford has a rate of under 19 admissions of 52.2 per 100,000 compared to England average of 58 per 100,000 and a North West average of 64.4. The GM children and young people Diabetes Transformation Programme Group will provide oversight and governance for delivery against the GM Children's Diabetes Improvement Programme with the overall aim of improving diabetes care in children and young people, and reducing health inequalities.
- 4.14. **Mental Health and Wellbeing:** It is widely reported that demand for children and young people's mental health and wellbeing services has increased in most areas. The effect of the covid-19 pandemic and limitations on social contact appears to have contributed to genuine increases in poor emotional wellbeing though it may also have increased discussion and recognition of issues. A major national study, Covid Social Mobility & Opportunities Study (COSMO)<sup>14</sup>, highlights the inequalities experienced by a number of disadvantaged groups of young people. For example, of the 11,000 young people aged 17-18 years:
- 44% of young people aged 17-18 years could be classified as experiencing high psychological distress between November 2022 and April 2023, mirroring last year's COSMO study percentage (44%). When compared to studies pre-pandemic, we have seen a large increase, from 35%.
  - those who live in more deprived areas are twice as likely to have not received support for mental health or still waiting for support (39%), compared to those living in more affluent areas (18%).
  - A link can also be drawn between the increased rate of high psychological distress and ongoing high persistent school absence levels, which have risen from 13% pre-pandemic to 22% this year.

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<sup>13</sup> [NHS England » Childhood asthma](#)

<sup>14</sup> [mental-and-physical-health.pdf \(cosmostudy.uk\)](#)

- Students attending state funded schools were twice as likely (32%) to say that their school’s mental health support was not good enough compared to students attending private schools (16%).
- Young people who reported having long COVID were more likely to be classed as experiencing high psychological distress (58%) compared to those who have never had long COVID (43%) or COVID at all (37%).
- When looking at differences by sexual orientation, the study shows that LGBTQ+ young people were more likely to indicate signs of mental health. 47% of bisexual young people, 37% of gay/lesbian young people and 44% of those young people with other sexualities reported having self-harmed, a huge contrast to 9% of young people who identify as heterosexual.

4.15. Emotionally-based school avoidance (EBSA) is more widely reported and services outside of traditional mental health provision report dealing with increasingly complex social and emotional needs of young people, in Trafford as elsewhere. The graph below shows the increases in number of school children with Special Education Needs (SEN) who are identified as having social, emotional and mental health as the primary type of need, as a percentage of all school pupils.

School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs for Trafford

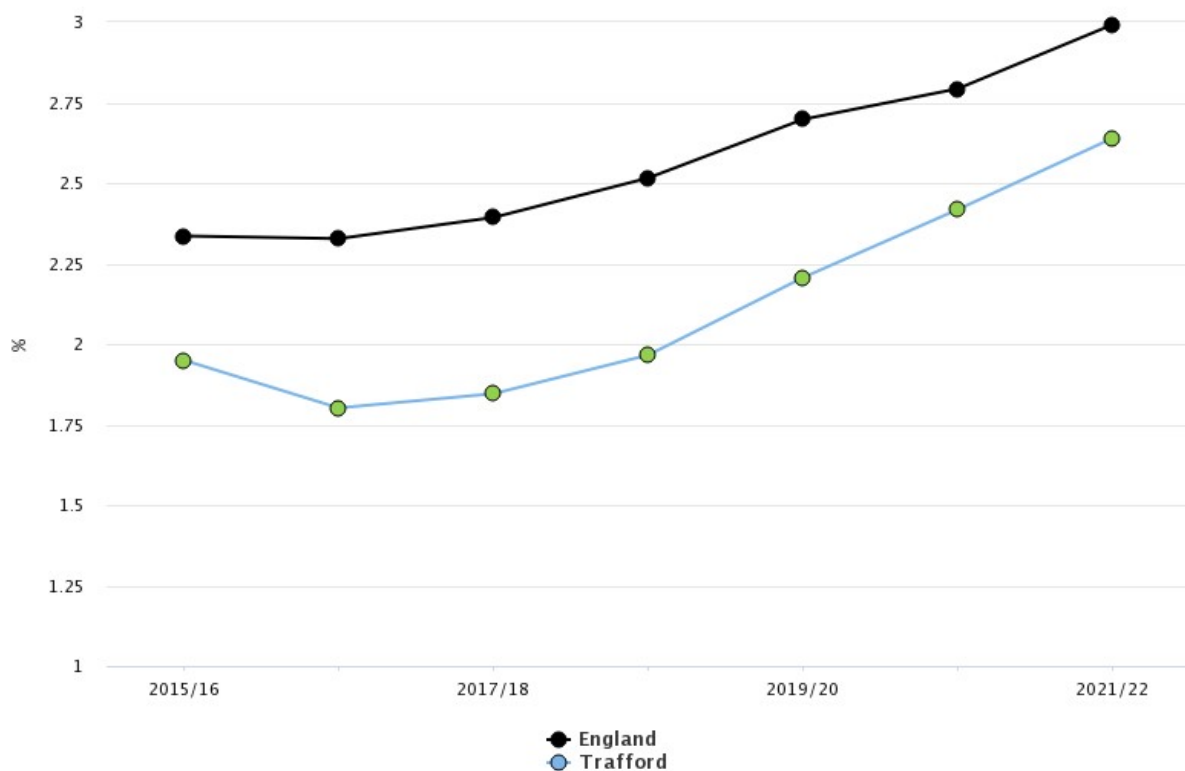


Figure 9: Percentage of school pupils in Trafford with social, emotional and mental health needs (Office for Health Improvement and Disparities, 2022)

4.16. There were 160 hospital admission episodes in Trafford for self-harm in 10-24 year olds. As a rate per 100,000 this was statistically similar to the England rate though lower than the NW but still represents too many children in crisis. Understanding more about this cohort is critical to preventing escalation of need. It is notable that the all-age rate for admission for self-harm is lower than the England average.

- 4.17. Referrals to Trafford’s commissioned children’s mental health services are fairly evenly spread across the four neighbourhoods but, as with all demand-based figures, this will be the result of a range of factors including families’ ability to self-advocate and professionals ability and capacity to recognise and refer families, all of which leads to inequalities amongst families based not (solely) on the needs of the child but on the system around them.
- 4.18. There is a lack of intelligence on the experiences of different groups of young people in Trafford. However, there are well researched inequalities in mental health experiences for young people who are in contact with the youth justice system, those who have SEND and those who are care-experienced, for example. See **section 5** for more about specific cohorts of focus. There is also research on the differential experiences of LGBT+ communities and black and minority ethnicity people, in terms of identification of needs and provision of support, though much of this focuses on adults<sup>15</sup>. As a stark example of the need to actively target inequalities, the Centre for Mental Health evaluation highlighted that boys from African and Caribbean communities in the UK have lower levels of mental health problems at age 11 compared to White or mixed heritage boys. However, national data shows that African and Caribbean men in the UK are much more likely to develop some types of mental health problem during adulthood such as symptoms of schizophrenia. This does not occur in countries with a predominantly Black population so appears to be an environmental risk related to experiences in northern Europe and the United States<sup>16</sup>.
- 4.19. The Thrive in Trafford Group has been created to bring together service offers and make joined up decisions to improve young people’s mental health and wellbeing. Action plans are being developed based around the Advancing Quality Alliance (AQUA) review conducted last year. The Group has responsibility for the Children and Young People’s Mental Health Local Transformation Plan and the children’s elements of the new All Age Mental Health Strategy and these inequalities will be highlighted within that, with measures required to monitor impact.
- 4.20. There is increasing activity to provide support for young people’s mental wellbeing in education settings and/or for school-aged children. This includes:
- 4.20.1. **Mental Health Support Teams (MHSTs):** In 2021, Trafford was selected to receive funding for MHSTs in primary and secondary schools. The aim is to provide evidence-based interventions to children presenting with mild to moderate mental health and emotional wellbeing issues whilst supporting schools to develop their whole school approach to promote mental wellbeing. The breakdown of where MHSTs are currently based in Trafford can be seen below, with more provision in the North of Trafford, recognising the complexity of needs in that neighbourhood.

*Table 4: MHSTs breakdown of coverage by neighbourhood (Trafford Clinical Commissioning dataset, 2023)*

MHST’s (October 2023)	North	West	Central	South	Total by school setting
Primary	8	3	6	5	22
Secondary	3	4	2	3	12
	11	7	8	8	34

- 4.20.2. Trafford has recently received additional funding to expand the number of MHSTs. The 3 secondary schools will be selected in November 2023 based on

<sup>15</sup> [Facts and figures about racism and mental health - Mind](#)

<sup>16</sup> <https://www.centreformentalhealth.org.uk/publications/against-odds/>

- mental health needs and inequalities and will be chosen by the Thrive in Education panel members following schools submitting an expression of interest.
- 4.20.3. **Think Equal:** is an early years programme that supports the social and emotional well-being and development of young children with a strong social justice element. The programme was funded across all reception classes in Greater Manchester. Trafford is one of the few boroughs to achieve 100% take up. As the programme has a strong evidence base which has been demonstrated across a number of countries across the world, Trafford have invested in this for all nursery school aged children too to ensure an even earlier approach.
- 4.20.4. **Headstart:** this programme is commissioned by the Public Health team to support year 6 children through the transition from primary to secondary school. The programme was developed by NHS Lancashire and the English Football League Foundation, using community charitable arms of professional football clubs. In Trafford, Foundation92 has delivered over 70 sessions to 15 pupils in primary school settings since the summer. It is targeted at schools in areas of greatest need based on deprivation, high rates of referrals to CAMHS and lack of access to Mental Health Support Teams (MHSTs). The programme aims to target inequalities, with 46% of those pupils accessing the Headstart programme residing in our most deprived areas (IMD1 & 2 deciles).

#### **Other areas of health and care activity**

- 4.21. **Sexual Health:** A Joint Strategic Needs Assessment for sexual health has recently been completed which highlighted that the pandemic appears to have shifted young people's use of sexual health services, with attendance at traditional services having reduced considerably. It is unclear how much of this is related to changes in behaviour and how much to accessing required information and services online or in other providers, but trends are being monitored with hopes to conduct more in-depth engagement with young people on this.
- 4.22. In 2022, Trafford screened 11.9% of its total 15-24-year-old population for chlamydia; the 4<sup>th</sup> lowest in GM, 5<sup>th</sup> lowest out of its CIPFA neighbours, and below the national (15.2%) and GM (14.0%) averages. Areas of higher deprivation, particularly Sale Moor and Gorse Hill, have higher rates of chlamydia detection for 15–24-year-olds, compared to other wards in Trafford. This may be indicative of better access to screening and/or higher prevalence. 20–24-year-olds make up the highest proportion of chlamydia diagnosis (36%), 83% of people diagnosed were heterosexual, and 70% were of White British ethnicity.
- 4.23. The introduction of HPV vaccination in young women and men has significantly reduced the prevalence of genital warts and herpes since 2012, though Trafford still has relatively high rates compared to others in Greater Manchester.
- 4.24. In addition to young people's services through the all-age Integrated Sexual Health Service (The Northern at MFT), Brook is commissioned to provide a dedicated Young People's Chlamydia and Gonorrhoea Screening Service and as specialists in young people's sexual health they also provide signposting and support for a range of relevant issues.
- 4.25. **Reproductive Health and Contraception:** Since the introduction of the Teenage Pregnancy Strategy in 1999, Trafford achieved a 73.5% reduction in the under-18s conception rate up to 2020, in line with the national trend. Trafford now has the lowest under-18s conception rate in GM and the 3<sup>rd</sup> lowest out of its CIPFA neighbours. This may be partly explained by Trafford having the highest proportion of under-18s conceptions leading to legal abortions out of its GM and CIPFA neighbours in 2021 (73.5% compared to 55% GM). This indicates good access to abortion care.
- 4.26. The proportion of women under 25 years old receiving an abortion in 2021 who had previously had an abortion was 32.8%; similar to the national and GM averages of

29.7% and 32%. The rate in 2021 was the highest since 2014, indicating an upward trend and may indicate an issue with access to or use of contraception.

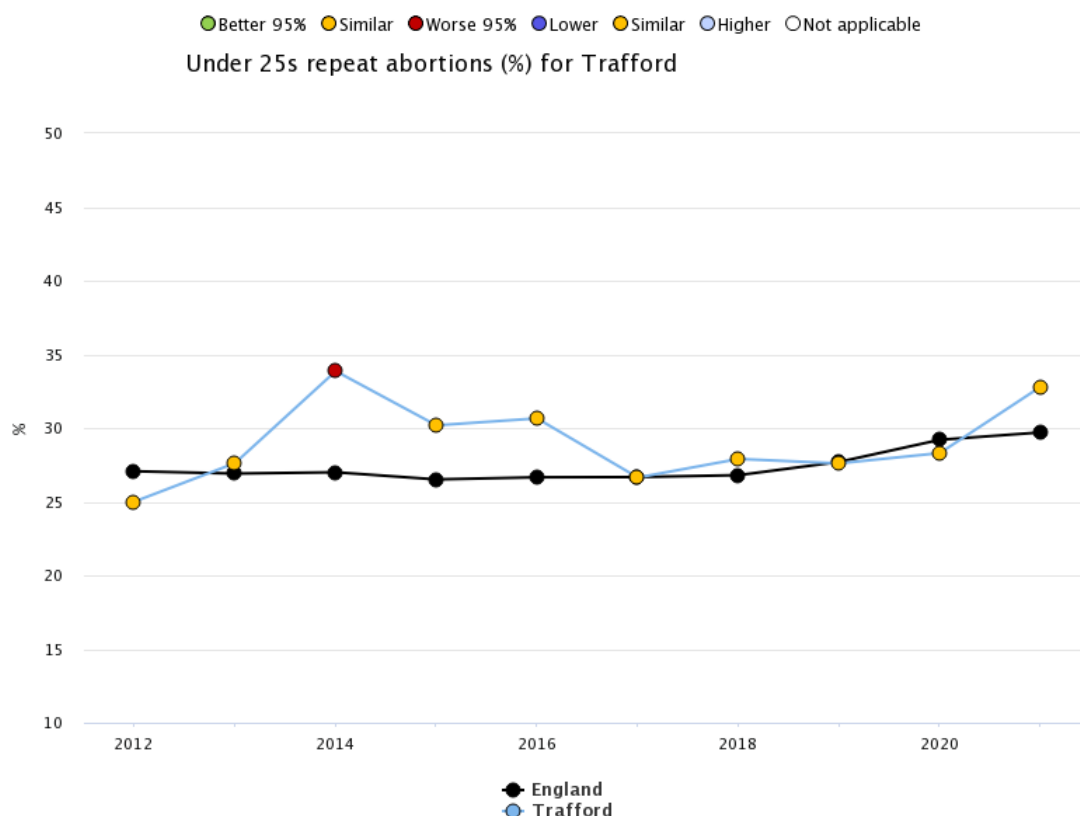


Figure 10: Under 25s repeat abortions (OHID, 2023)

- 4.27. In 2021, 42.1% of women under 25 years chose LARC (excluding injections) at SRH services, higher than the England average of 37.3%. Trafford's rate has risen steadily from 20.2% in 2016, with a sharp increase of 11.3% from 2020 to 2021.
- 4.28. For young people who do continue their pregnancy, support is provided through specialist midwives and the Bumps and Butterflies Group run by TalkShop for new young parents and their babies.
- 4.29. **Immunisations:** High quality, effective and wide-spread immunisation programmes are key to preventing the spread of infectious disease and protecting the health of both individuals and the wider public. However, there are avoidable inequalities in immunisation rates, as the likelihood of complete and timely vaccination is influenced by factors such as where people live, their socio-economic status and their ethnic group. Uptake and coverage of routine immunisation programmes has also fallen since the pandemic, both across the UK and within GM.
- 4.30. Although locality Public Health and NHS teams do not commission immunisations, we play an important role in ensuring that the programmes are tailored to local health needs and address health inequalities.
- 4.31. For example, as part of Greater Manchester's measles preparedness efforts, Trafford Public Health and GM Integrated Care (Trafford) have developed our own measles action plan. Increasing uptake and coverage of measles, mumps and rubella (MMR) vaccination in 0-5 year olds, and reducing inequalities in coverage between groups in our population is a key priority within the action plan.
- 4.32. Efforts are being focused on children registered at the four practices in the North neighbourhood, which have the lowest rates of uptake and a disproportionately young



registered population, which increases the risk of measles cases and outbreaks in this part of the borough. Our communities in the North neighbourhood are the most deprived and ethnically diverse in Trafford so reasons for historically low uptake of MMR vaccination are likely to be multifactorial but may include: language barriers, religious and cultural concerns and issues with access and capacity in the local health system.

- 4.33. Public Health and GM ICB Trafford have co-commissioned Voice of BME (VBME) to undertake assertive 'call and recall' activities, speaking to families in community languages to provide information and assurance about MMR vaccination and encourage informed consent. Additional community engagement activities are taking place to increase awareness of measles risk and MMR vaccination among residents and local professionals.
- 4.34. The project started at Limelight in mid-October contacting the 56 children identified as having incomplete vaccination status. Of the 35 who were successfully contacted, 23 gave informed consent for vaccination and booked an appointment during the call. 5 of these children have now been vaccinated with a further 10 booked in over the next few weeks.
- 4.35. This will provide additional protection for the wider community as well as the individuals vaccinated, in an area of the borough where vulnerability to disease is high. The project has also gathered valuable intelligence about residents' attitudes towards vaccination to inform ongoing efforts to increase uptake.
- 4.36. The VBME volunteers are now moving on to other Practices. The model is low-cost and quick to mobilise and a similar approach has been used by the School Health team to increase uptake of HPV vaccination in Stretford in the past.
- 4.37. **Injuries:** the rate of emergency admission for injuries in under 15 year olds in Trafford over the last 5 years is higher than the England average, with variation across Trafford Middle Super Output Areas as seen below. However, taking the latest available year's data (2021) Trafford's rate is in line with England on average, suggesting a decrease over recent years, though some areas still have significantly higher rates than average:

Area	Count	Value	95% Lower CI	95% Upper CI
England	465,044	92.0	91.8	92.3
Trafford	2,355	99.6	95.7	103.8
Firswood	125	144.4	120.2	172.0
Lostock & Stretford Meadows	90	141.2	110.7	170.0
Old Trafford	155	125.3	105.6	145.7
Ashton upon Mersey North	75	119.9	92.9	148.5
Gorse Hill	115	119.5	98.7	143.5
Partington	125	115.3	96.8	138.4
Trafford Park East & Sevenways	105	114.9	96.0	141.5
Timperley East	95	112.1	91.7	138.3
Bowdon	80	108.7	86.2	135.3
Ashton upon Mersey South	70	106.5	81.7	132.9
Flixton & Moorside	75	101.5	81.1	128.8
Trafford Park West & Kingsway Park	70	99.0	74.7	121.9
Urmston East	60	98.4	73.6	124.8
Sale North	85	97.4	76.7	119.1
Sale Moor	85	96.1	74.7	116.3
Broadheath & Firsway	110	95.9	80.4	117.5
Altrincham East	105	95.4	77.2	114.5
Stretford East	75	94.0	74.0	117.9
Altrincham West, Dunham & Warburton	80	91.4	72.5	113.7
Urmston West	50	88.6	65.7	116.8
Hale	85	87.3	70.6	109.0
Davyhulme	60	82.6	63.0	106.4
Timperley North	70	81.7	65.8	105.9
Hale Barns	65	79.3	60.1	99.7
Timperley South	55	77.8	57.4	99.7
West Timperley	70	77.2	58.2	95.1
Sale Central	70	75.0	58.4	94.7
Sale East	60	70.0	51.4	87.5

Figure 11: Rate of hospital admission for intentional and unintentional injuries in 0-14 year olds in 2021 (HES / OHID, 2023)

## 5. Next steps

5.1. Trafford's Public Health Team and partners across the Council are committed to supporting all our children and families to have the best start in life and to reduce the impact of health inequalities. We will continue to do this by:

- Working across the health and social care system advocating for our children and the communities they live in.
- Advocating for system-wide improvements in recording of protected and other key characteristics and sharing of appropriate population data to allow for proactive analysis of and intervention in inequalities.
- Commissioning services and working with other commissioners to promote 'proportionate universalism'; that is, providing more for those who need more in order to ensure equal access, experiences and opportunities.
- Working with colleagues in children's services, all-age commissioning and providers, to improve access to information and advice for 'families, young people and professionals. This includes developing and launching Essential Parent platform, online 'padlets' and printable guides.

5.2. Executive and shadow members are asked to continue to advocate for and support ongoing work to reduce the impact of health inequalities on outcomes for our children through:

- The work of the Health and Wellbeing Board and Locality Board, new Fairer Health for Trafford Partnership and wider children's governance
- Engagement and co-design mechanisms to enable a better understanding of young people's experiences within Trafford, ensuring these routinely inform design and delivery of our response
- The neighbourhood health and care program, ensuring children are a priority cohort within the networks, bringing together partners at a neighbourhood level and sharing intelligence about what is happening on the ground.