

Recommendations from 2019/21			
Number	Text	STT CDOP Chair	Stockport Action
I	All CDOP partners to ensure the robust data recording of protected characteristics as required under the Equality Act 2010.	Gaps in ethnicity data are routinely questioned at CDOP panel, to ensure that any data on ethnicity on partners' systems is shared	
II	The CDOP Strategic Group to progress a CDOP 5 year look back review to identify robust trends and inform strategic decision making.	We are compiling data prospectively to allow a 5-year review to be completed. 5 years of data will have been collected by the end of 2025	
III	Tameside CDOP to use the data provided by the 5 year review to understand the boroughs expected and unexpected death pattern		
IV	STT CDOP representative to engage with the Greater Manchester CDOP system about the 5 year data review to share methodology and outputs	Discussions with GM CDOP colleagues are ongoing, with either anonymised data or annual reports likely to be used to compile a 5-year sub-region review	
V	Health and Wellbeing Boards to reduce the number of pregnant women, partners and household/family members who smoke by;		

a	working with Public Health Directorates and Maternity providers to support the delivery of the Baby Clear programme to all pregnant women ensuring continued support once the baby has been born.		The Smokefree pregnancy programme (formerly Baby Clear) continues to be delivered in Stockport, to support pregnant smokers in quitting and increase the numbers of babies who experience a smoke free pregnancy. Routine enquiry and carbon monoxide testing supports identification of smokers and offers support. Pregnant smokers are provided with smoking cessation support once a week for 4 weeks and then monthly until 3 completed postnatal months. An incentive scheme is in place. The service provides free nicotine replacement, vape kits and e cigarettes for those that meet the criteria. The support is offered through midwifery or if parents prefer through Stockport community ABL service. Support continues after a baby is born through handover with health visiting and further referral into ABL as required if relapse or risk of relapse postnatally. Midwives will see women up to 3 months postnatally to prevent relapse and ensure smoke free environments for babies. Funding for an additional support worker has been confirmed for 23/24. Smoking at time of delivery in Stockport residents has fallen from 14.8% in 2010/11 to 6.9% in 2021/22.
b	working with Public Health Directorates to support the delivery of smoking cessation interventions at a population level, thereby reducing the risk of smoking to children		ABL health, our community stop smoking service (recommissioned in 2022 under a 5 year contract) is for Stockport residents aged 12+. It provides comprehensive assessment and triage, structured programmes and behaviour change support, motivational interviewing, proactive outreach and provision of appropriate aids around smoking cessation (for example, free Nicotine Replacement Therapy and vaping kits). We also support the GM CURE programme, working with Stepping Hill Hospital to support a comprehensive secondary care treatment programme. We have also recently developed a smoking champions programme in Heaton Norris/Lancashire Hill (where smoking prevalence rates are high) as part of a new community engagement approach. Smoking among adults in Stockport has fallen from 18.2% in 2011 to 12.6% in 2021 (the most recent year for which data is available).
VI	Health and Wellbeing Boards promote improvements in mental health and resilience by		
a	working with Public Health Directorates to better understand the relationship between self harm and suicide and to ensure services are commissioned that respond to the risks posed from this behaviour		Due to a high number of admissions for self-harm of girls in 2021/22, we undertook a cluster response exercise, in close collaboration with MASSH, CAMHS, paediatric ward and other response services. This included a careful analysis of cases, linkages, and factors identified. Support was given to schools, parents, and communications focussed on signposting resources for support. We have revised the school pathway for self-harm this year - due to be signed off and tested with schools shortly.

b	ensuring there is collaborative working between the CDOP Strategic Group and Greater Manchester Suicide Prevention Programme to ensure Children and Young People are included in the work programme and that this is cascaded to localities		The CDOP strategic group has not met in the last year, but we plan for this to resume shortly. Each borough has a Suicide Prevention forum, or equivalent. In Stockport, real time monitoring of suicide, including child suicide, takes place and the suicide prevention forum develops and implements an annual action plan, in collaboration with the GM suicide prevention programme.
c	Ensuring that young people and their parents are supported to reduce their drug or alcohol use		<p>We have a number of substance misuse services in Stockport:</p> <ul style="list-style-type: none"> - SDAS for adults aged 26 and over, provided by Pennine Care NHS Mental Health Trust working with Intuitive Thinking Skills and Acorn Recovery Project. This is a recovery-focused service covering prevention, early intervention, structured treatment and aftercare. - Mosaic for those aged 25 and below, provided by Stockport Council and part of Stockport Family. This covers the full range of prevention and treatment interventions for individuals and support for families, including children of substance misusing parents. Mosaic also has a school based service and carry out work in high schools, providing 1-1 support to young people in education, and a family team which gives support to parents or caregivers concerned about their child's substance misuse. - Stockport is also an FDAC area (Family Drug and Alcohol Court). This started in January 2021 and offers an alternative form of care proceedings. It is a way of supporting parents to overcome the substance misuse, mental health and domestic abuse issues which lead to their children bring at risk of serious harm. There is a multi-disciplinary team who offer intensive support and therapeutic interventions with parents and specialist judges oversee proceedings. - Stockport also has an all-age approach when working with cases at child protection level and above where substance misuse is an issue. Here, parents are supported by the Mosaic service. We also have in-patient detoxification and residential rehabilitation services available to local residents via a panel arrangement which reviews and agrees potential placements.

d	Ensure all women are aware of the support in place to address domestic abuse		There is routine enquiry by midwives and health visitors regarding domestic abuse. This occurs both in stages of pregnancy and post natally. All police domestic abuse forms are sent to health visitors and school nurses and a new DA health pathway for public health nursing is in development to ensure consistency of response. We have a refuge health visitor who supports children and families in the local refuge. We work closely with Stockport Without Abuse (SWA) as well as other services in the area who provide supporting services. Comma Service works very closely with SWA to support women who have had a child removed from their care. This service is part of Stockport Family services and aims to support women who have been separated from their child by the courts and provides an understanding and safe place to access support for women in this situation. Cameo is a community of Mums who are separated from their children, they work with Comma as a peer mentor service.
VII	Health and Wellbeing Boards to support a reduction in co-sleeping and promote safe sleeping by;		
a	working with Public Health Directorates in partnership with Health Visiting and Maternity services to ensure all families receive appropriate safe sleeping interventions.		Stockport Family have developed a foundation learning package around early years from pre-birth period with a focus on vulnerability, supported by health colleagues. (FNP and Midwifery support this training development) Regular record audits in health visiting demonstrate robust safe sleep information sharing at key times- antenatally, new birth visit, 6-8 week visit and subsequently for any family on an enhanced care pathway.
b	working with Public Health in partnership with Health Visiting colleagues to implement a safe sleeping awareness campaign to all front line services that are in contact with families with infants.		A safe sleep partnership in Stockport aims to develop and provide over arching guidance to the wider Stockport system, and support all agencies including PVI to have robust safe sleep policies. Safe sleep training is provided to all staff in Stockport Family and includes thinking about out of routine and how parents can think about a safety plan during these situations. Training developed through safeguarding partnership and midwifery, health visiting and Family Nurse Partnership. Health Visitor has delivered training to Private Early Years sector- nurseries and child minders this year.
VIII	Health and Wellbeing Boards to improve the outcomes for babies by taking actions to reduce the numbers and proportions of children who are born prematurely and / or with low birthweight:		

a	Reducing the number of women who smoke or use alcohol or other drugs in pregnancy (see above)		<p>For smoking, please see recommendation V(a). In terms of reducing the number of women who use alcohol or other drugs in pregnancy we have substance misuse services in place. We support work around GM Alcohol Exposed Pregnancy programme. The key objectives of the programme are to raise public and professionals' awareness of FASD (Foetal Alcohol Spectrum Disorder); intervene at pre-conception stage; provide screening, advice and guidance in maternity settings; develop specialist support and peer support for 'increased risk' groups; and determine the prevalence of FASD in GM. Whilst Stockport were not one of the chosen pilot sites we have been working towards these objectives and Stockport Foundation Trust has worked with the GM AEP to improve FASD provision in the area. Midwifery staff have been trained in the AEP/FASD, an AEP pathway has been implemented and midwives can fit Long Acting Reversible Contraception to prevent additional pregnancies. Stockport FT maternity service has developed a Foetal Alcohol Spectrum Disorder (FASD) pathway for alcohol exposed pregnancies (AEP) in line with FASD clinical standards 1 and 2. All women are screened for alcohol exposed pregnancy and supported through this with referral to specialist service (MOASAIC) as required. Information is shared with health visitor who continues this supportive work and monitors child development in line with mandated contacts with this knowledge of AEP in the background. A Stockport Family working group is now exploring standards 3-5 using service user expertise and lived experience to guide this work. This work is chaired by our Safeguarding Lead in Stockport and This will report back to GM School Readiness Board. Any person who is pregnant and drinking/taking drugs will be seen as a priority for our drug and alcohol services with same day appointments arranged where feasible.</p>
b	Ensuring all women are supported to access high quality antenatal care from early in their pregnancies.		<p>Midwives provide enhanced continuity of care in the community for the most vulnerable women and families and work closely with health visiting and FNP. An initiative with NESTA is underway to test out a joint antenatal visit between MW and HV in Brinnington and Bridgehall areas of Stockport. This will be between 20-24 weeks and focus on building relationships between key professionals and the parent and unborn baby, and support parents in their understanding of and support for baby/parent attachment and bonding. All women have continuity of care in the antenatal period. Booking is encouraged by 10 weeks gestation for all women. We perform well against other GM areas in this KPI, especially for our more vulnerable group of women. Women can directly refer to midwives, and don't need to be referred by a GP.</p>

c	Encourage only one embryo to be implanted in IVF procedures, to reduce the risks from multiple births	<p>The Human Fertilisation and Embryology Authority (HFEA) is responsible for the regulation of IVF services in England and has been working since 1991 to reduce the multiple birth rate following IVF. Their work included the implementation of restrictions on triple embryo transfer, and a move to encouraging women to choose to have only one embryo transferred – termed the ‘one at a time’ policy. This policy, together with a target to reduce multiple births below 10%, has seen multiple births fall from 28% in the 1990s to 6% in 2021. Multiple births have fallen but remain higher than average in black ethnic groups and privately funded patients. This trend is linked to higher multiple transfer in these groups than in other ethnic groups and NHS funded patients.</p>	
d	working with maternity services to deliver safe, evidence based healthy weight interventions, so that when a women books with the service and she is recorded as not being a healthy weight she is supported to maintain or, if safe to do so, reduce her BMI		<p>Our commissioned Tier 2 adult weight management service (provided by ABL Health) includes pregnant women who are identified as overweight. For these clients the emphasis is on general healthy eating and appropriate physical activity (not weight loss). Referrals can be made direct to the service or via START (main point of access into a range of lifestyle services in Stockport) by the person themselves or by a professional (provided client consent).</p>

e	<p>working with Public Health Directorates to support the delivery of healthy weight interventions at a population level, thereby promoting the healthy weight of women of childbearing age. This work should start in childhood, as we know that children who are overweight or obese are more likely to be obese/overweight as adults, and that achieving a healthy weight while still growing is easier than losing weight as an adult.</p>		<p>A range of different services are in place.</p> <p>The tier 2 Public Health funded Enable Adult Weight Management Programme is delivered by ABL Health Ltd. This is an adult weight management programme which is for Stockport residents aged 18+ with a general guide BMI of 30 – 35. It includes comprehensive assessment and triage, structured programmes and behaviour change support, motivational interviewing, 1-1 support, pro-active outreach, therapeutic support and psychological education to enable more complex clients to address barriers and support them to make positive behaviour changes.</p> <p>Tier 3 ICS funded Adult Weight Management Service is delivered by MoreLife. It is for those with a BMI >35. There is a sustained programme of support, delivered by a multi-disciplinary (MDA), specialist team. There is intensive support, both face to face and group based. A wide range of behavioural, physical and motivational outcomes are monitored.</p> <p>Tier 2 Public Health funded FAB (Food, Activity, Balance) Family Weight Management Programme delivered by ABL Health Ltd (4-17 year olds)</p> <p>There is no intervention programme in Stockport for children under 4 years old There is no Tier 3 Family Weight Management Service in Stockport</p> <p>Stockport SHAPES Alliance (self-funded PH service) promotes high quality physical education, sport & physical activity for children & young people through schools. This work contributes to both health weight maintenance & resilience/mental wellbeing for school age children & young people</p> <p>There is also full delivery of the NCMP programme with follow up school nurse support & advice (where need is identified) in addition to referral to FAB</p>
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