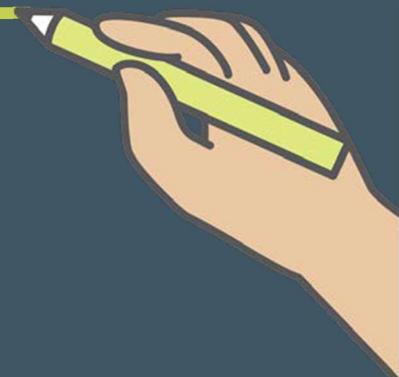


**GREATER MANCHESTER
CHILDREN'S HEALTH AND
WELLBEING STAKEHOLDER FORUM
EAT WELL, MOVE MORE, FEEL BETTER**

**DEVELOPING AN INTEGRATED
APPROACH TO HEALTHY WEIGHT
AND EXERCISE**

WEDNESDAY 14 JULY 2021



EXECUTIVE SUMMARY



Dr. Carol Ewing, Chair for the Greater Manchester Child Health and Wellbeing (GMCH&WB) Stakeholder Forum opened the event and welcomed attendees, thanking them for their attendance and participation whilst there are so many pressures and other demands on time. The scene was set with the aim of the event to consider how we can work across Greater Manchester at GM, and locality levels and organisations, to help our children and young people (CYP) to eat well, move more and feel better. Carol stated that listening to and working with our CYP and their families is at the heart of all our work.

The GMCH&WB Stakeholder Forum was originally established to support the delivery of the GM Children and Young People Health and Wellbeing Framework. This is currently under review along with the GM Children’s Plan, and a new CYP plan and CYP integrated plan is under development.

Carol thanked the Greater Manchester and Eastern Cheshire CYP Network team for their organisation of the event, and the speakers and panelists, without whom the event could not happen.

MENTIMETER ICEBREAKER

The event opened with 2 icebreaker questions:

Q: On average, what is the estimated energy requirement for a boy aged 10?

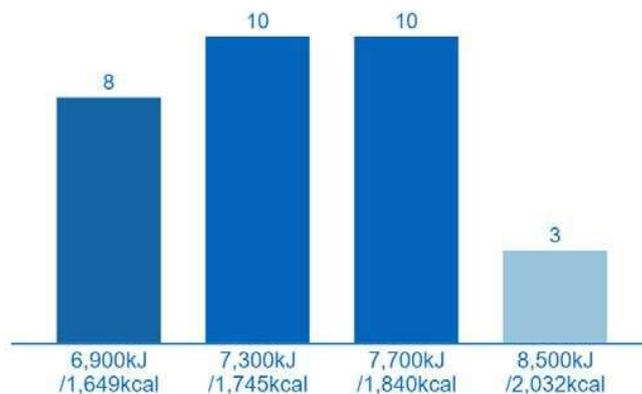
A: 8500 kJ/ 2032 KCals a day.

Q: How much physical activity should children and young people aged 5 to 18 be doing per day to keep healthy?

A: At least 60minutes/

Go to www.menti.com and use the code **6267 0426**

On average, what is the estimated energy requirement for a boy aged 10?

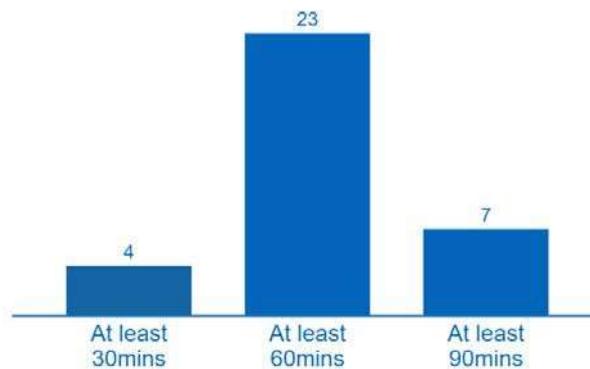


NHS England and NHS Improvement



Go to www.menti.com and use the code **6267 0426**

How much physical activity should children and young people aged 5 to 18 be doing per day to keep healthy?



NHS England and NHS Improvement

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SCENE SETTING: BETHAN HEATLEY AND SHEKINNAH WILBERFORCE, GM YOUTH COMBINED AUTHORITY

Bethan and Shekinnah explained the purpose of the GM Youth Combined Authority (YCA). Members advise the Mayor and the Greater Manchester Combined Authority (GMCA) on key issues and concerns for young people, and suggest solutions, whilst providing a critical voice and scrutiny for the work of the Mayor. They also take on specific pieces of work.

Shekinnah is 18 years old and has been based in Manchester for most of her life. As well as the YCA, Shekinnah is involved with CAHN (Caribbean and African Health Network) and works with them to tackle inequalities in Caribbean and African Communities. They are currently running vaccination clinics in Salford to increase uptake of COVID-19 vaccines within black communities. Shekinnah is the inclusivity lead within the YCA and helps to shape people's thinking around inclusion and equality.

Bethan works with the Proud Trust which is an LGBTQ+ charity in Greater Manchester and is also secretary of the GM YCA.

The young people involved with the YCA have identified four key themes of importance to young people:

1. Equity and equality
2. Health and wellbeing (including physical and mental health)
3. COVID recovery
4. Environment

Bethan and Shekinnah spoke passionately about why each theme is important to young people.

In keeping with the theme of the event, they posed some challenges to the stakeholders:

- How are you going to help young people to eat well? Some challenges highlighted were rising living expenses and the cost of food, with some foodbanks being low on stock.
- How are you going to get young people to move more? There are economic and other barriers so how will you make this accessible to all?

- How are you going to make young people feel better about themselves and everyone around? Everyone wants to feel loved and included in today's society in some way, so how will you help young people create an environment in which they can flourish by eating well and having good health habits?
- How will you know that you are making a difference to our lives and how can that be measured?

Carol thanked Bethan and Shekinnah stating that the themes would be at the heart of the developing the evolving CYP Integrated Children's Plans and that Inequalities should be a golden thread that runs throughout.

Comments in the chat from: Hayley Lever, CEO GM Moving

I will talk about the #movemore challenge later. I also know, as a parent that simply trying to 'encourage' my children to be more active isn't enough. Moving needs designing back into life. and needs to be fun, safe, relevant and inclusive So I'll welcome your input on that.

Chris McLoughlin, Director of Children's Services for Stockport

Huge thanks to Shekinnah & Bethan, very clear, excellent, powerful presentation, thanks again 🙏🙏🙏🙏

KEYNOTE: POPULATION HEALTH APPROACH: DR DEBS THOMPSON, PUBLIC HEALTH CONSULTANT FOR GM POPULATION HEALTH, GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP

Dr Thompson thanked Bethan and Shekinnah and acknowledged how their insights resonated with the excitement felt about this event and the commitment to working together to make the changes. The ambition is that Greater Manchester should be the place that every child is able to eat well, move more and feel good. Dr Thompson gave these key messages:

'Where people grow up shouldn't matter but it does. If you live in a more deprived area, you are much more likely to pass a fast-food shop on the way to school and to be exposed to advertising of ultra-processed, energy-dense, nutrient-poor foods. This is unfair. In Greater Manchester we want things to be fair and more equitable. Eating well and moving more is also related to your access to green spaces, cycling, access to social spaces and good food'.

Dr Thompson referred to a recently published Food Foundation report, [The Broken Plate](#) (2021), which demonstrated how much less money was spent on advertising for healthier foods and drinks compared to those high in sugars and energy. It is important to change the messages with which young people are bombarded. Also, in the report is the fact that it is 3 times more expensive to get healthy food. If you are from a more deprived family and you followed the advice about eating well, you would need to spend 40% of your income on food, which isn't possible when you have bills to pay.

'Poverty and the impact of COVID is affecting our ability to buy good food.

Over the past 10 years, there has been an increase in fast food outlets, particularly in more deprived and densely populated areas.

Many people working in the food sector are on low wages so it important to think about the whole food sector when we're trying to help people eat well.

Considering all these factors, it is no wonder that there is variability in the chances of a child eating well across our neighbourhoods. We know that when a child starts school, they are twice as likely to be obese if they're from a deprived neighbourhood. This rises to three times as likely by the time they start secondary school.

In Greater Manchester over the last 10 years, severe obesity has been slowly increasing. [The Broken Plate](#) report states that 1 in 10 children aged 11 will be severely obese by 2030, if they are in a deprived neighbourhood. We need to make sure we do everything we can to create fair opportunities for people.

We need to work together to make the changes in our environment that make it easier to be active and to eat well, and to make it fairer. We need to look at how we make good food choices the norm.

The Greater Manchester vision has four components:

1. Making sure that healthy food is affordable and easily accessible
2. Restricting advertising of foods that are not good for you
3. Working with maternity and early years services to make sure that people eat well and move more at those points in their lives
4. Ending food insecurity so that no child goes hungry

We need to work with the GMYCA to explore how we achieve these objectives. Food is about the health and wellbeing of our people, but it doesn't just keep people well, it's also good for the planet. We should be looking at sustainability and how we can grow more food'.

Dr Thompson concluded by asking people to make their pledges for change.

CYP services are even more important because young people of today are tomorrow's future adult population. I am presently reviewing all CYP services in Salford and working on the next healthy weight strategy. I am always ambitious in what I hope to achieve and can offer the following:

- Develop Healthy Weight Strategy, refresh the Healthy Weight Declaration and develop Whole Systems Approach around healthy weight and physical activity
- Create a healthy food culture in Salford and explore how we can promote better food literacy.
- Continue to work to reduce food poverty, school hunger and ways to improve access to high quality food.

We will consider the 4 key themes identified via the C&YP at this event and undertake consultation via our own channels to check that these resonate with our own Borough's C&YP and see if there are others. These will then be adopted as our outcome measures to understand if we are collectively making a difference.

A question was posed to the audience from Fran Davies, NHS STOCKPORT CCG
Has anyone successfully engaged with the fast-food sector to reduce the size of holes in their saltshakers?

Dr Debs Thompson further commented:

We also need to align targeted 'interventions' to families alongside targeted place-based interventions at the same time.

TAKING A WHOLE SYSTEM APPROACH: EVALUATION AND SERVICE USER VOICE

PROFESSOR PAUL GATELY AND PROFESSOR LOUISA ELLS, PROFESSOR OF OBESITY, SPECIALIST ACADEMIC ADVISOR TO PUBLIC HEALTH ENGLAND; SCHOOL OF CLINICAL AND APPLIED SCIENCES, LEEDS BECKETT UNIVERSITY

Professor Gately talked about his work on whole systems approach to obesity, referring to the Amsterdam model which has been operating for around 10 years now. Amsterdam is one of the only areas to demonstrate a reduction in child obesity over this time and adopted a citywide approach to this. There is a focus on prevention and treatment and the model doesn't separate the two key areas. Amsterdam has a budget of around €9m which equates to around £15m per year for the same proportion of children in Greater Manchester (about 6% of the public health and social care budget for GM).

Professors Gately and Ells lead on a programme for Public Health England called the Whole Systems Approach to Obesity. They also worked with Local Authorities to understand what Local Authorities perceived to be the causes of obesity, and if these aligned with the actions they were taking. This was not the case. A whole systems approach is about aligning the causes with the actions.

'Big data' and client insights help to deliver the public health interventions required. The data can help to understand the influences on obesity. A question was posed as to whether the data is being used to inform the actions in Greater Manchester. The actions also need to be aligned to what people need as expressed by their 'voice'.

Professor Gateley referred to an integrated healthy lifestyle programme in Suffolk, [One Life Suffolk](#), that has demonstrated outcomes that are stronger than the national evidence would suggest.

Professor Ells went on to speak about the evidence for lifestyle interventions, stating that there is clear evidence for pre-school, early and family intervention programmes, as many unhealthy behaviours stem from the family environment. Further research into primary school interventions showed a lesser impact on obesity which indicates that at this age, children are influenced more by their wider environment.

Consideration should be given as to how the evidence translates into practice, and how we identify our high-risk populations and ensure that services are accessible and appropriate for them. Services must be developed with

service users to ensure they are tailored for their needs and are inclusive. Considerations for culture, lifestyle e.g. childcare/ caring responsibilities, language etc. need to be made when developing services. The wider environment can influence our ability to make positive behaviour changes. As obesity is a chronic, complex, and relapsing condition, we need to consider lifelong support.

It is important to evaluate the process and the clinical measures using standardised measures, if we're going to understand what works well and what doesn't.

Louisa referred to a recently revised Standardised Evaluation Framework which provides guidance and support for digital and remote weight management interventions which have become more common during the Covid pandemic. The beta version of the framework is available for testing, prior to being made available later in the year. Anyone wishing to test the Framework should contact their regional Public Health England (PHE) Lead.

Further comments from: Hayley Lever, CEO GM Moving

This work has been so influential in understanding whole systems approaches- and really good to hear the latest thinking. Thanks both.

A question was posed by Jacqueline Woodhall, NHS Heywood, Middleton and Rochdale CCG: Does your research capture children and young people are underweight?

Professor Gateley responded: Our work hasn't specifically focused on children who are underweight.

GM MOVING: HAYLEY LEVER, CEO GREATER SPORT AND GREATER MANCHESTER MOVING EXEC BOARD MEMBER

Colleague Francesca Speakman sent apologies.

Hayley acknowledged that the overall commitment to a whole systems approach is one that we have in Greater Manchester. 'We are working out what this means for us in practice. GM Moving is our attempt to take a whole systems approach to physical activity and addressing inactivity and inequalities. There is a shared ambition to support people to move more in Greater Manchester.

This is about being locally led in neighbourhoods and localities because everywhere is different, even though we work together across GM. We need to ask how we can best support at Greater Manchester level what is happening locally and how can changes be driven from the bottom upwards?' A video was played to demonstrate the complexities of the system (see over).

Greater Manchester Moving is a social movement designed to help people move more and enjoy a healthier and longer life as a result. The issue is complex and whilst we think we have choices, these are very much influenced by the world around us e.g. friends and family, local and national policy. In order to make changes, we need to understand the area and its strengths and what can be done within communities, with those communities taking the lead. Changes need to be supported by high level strategic decisions.

If people want to be involved in designing moving back into life, they can visit [Greater Manchester Moving](#) for more information'.

Hayley presented the work they have been conducting with their evaluation partners and the emerging priorities for the refreshed GM Moving Strategy, due to be launched in September and open for comments. 'One priority is

Curriculum opportunities in school - Sport engagement events.
 More activities at school. Get children and young people moving.
 Sports passes for families- more affordable and accessible activities. Activities in outdoor settings.
 Tempt away from technology.
 Maternity physical activity provision.
 Family based activities easily accessible to all.
 Access to activity centres or exercise programmes that are publicly available.
 Walking to school change attitude to walking and taking part.
 Physical activity and healthy cooking classes in school.
 Need to consider the role of the home - after lockdown when many children won't have had space outside to play /move in.
 More community physical activities, more togetherness.

3. Commissioning

Support from commissioners.

4. Health promotion/ improvement policy and strategy

Work to change cultural norms
 Tackle sports sponsorship that isn't promoting health and well-being.
 Changing the mindset and culture and make it part of everyday life with lots of opportunities which work for our CYP.
 Using approaches such as working with more projects and groups that grow food for example.
 Messaging and local campaigns to nudge/ influence communities into healthy lifestyle changes.
 More time for children and young people in schools to spend time exercising in various ways - to change culture over time it's important to be moving.
 Addressing advertising
 5 min zones around schools where vehicles are not allowed.
 Take the vending machine out of the children's waiting room.
 Healthy snacks.
 Improve education around the importance of good health outcomes through healthy living principles eat well, move more and feeling better.
 Co-ordinated approach, healthy schools, healthy nurseries.

5. Connectivity, integration and collaboration

Rapport between leaders and young people.
 Multi agency working and ensuring all young people have access to physical activity programmes.
 A focus on mobility - the NHS, therapists and public and third sector working together.
 To work with the education sector and wider integrated models of delivery who are working with children and young people such as mental health to make it everyone's business for emotional and physical wellbeing.
 Working with CYP to find out what matters to them and what they want to do about it.
 Agree whole systems - lots of pockets of excellent work going on.
 Every service that touches the lives of children and young people buy into the concept and collectively work on GM initiatives and be linked to commissioning.
 Engaging with schools and colleges to help to educate and inform young people to encourage engagement in their local community activities and actions.
 Colleges work with vulnerable and diverse members of the community & are keen to help shape change.
 Working together, change in attitude between communities.

6. Leadership

Local leadership to take a whole system approach at neighbourhood level, community physical activities, more togetherness

Q: Share one thing that you or your organisation can do to lead or support positive change professionally, voluntarily, or personally.

1. Behaviour/ lifestyle/ access

Walking meetings and less screen time.
 Move away from technology.
 Standing desks and 'cycling' chairs.
 Volunteering in my local community to encourage teenagers (including my own!) to be more physically active and enjoy cooking together.

Use the stairs.

My organisation can continue work from home (where possible) to decrease traffic and allow more time for parents and families to share more positive and active time together.

Encouragement to bring in healthier packed lunches.

Ensure parents can access good support around food and nutrition especially with neuro diverse children.

Embed moving into everyday life take it seriously.

2. Health promotion/ improvement policy and strategy

Food menus for children and families in our care.

Support nutritional literacy with young people and families, have an accessible non-traditional 'sports' offer - will ensure that CYP feedback is embedded in our GM CYP Voice. Work.

Ensure physical activity is part of the cultural and conversations around healthy lifestyles are embedded in treatment plans for young people and their families.

Link in volunteering strategies to this in the workplace.

Make it a GM standard that all public sector buildings promote active travel, active workplaces, free water, and access to good food

3. Commissioning

Investigate supply and demand issues locally and work with the consequences.

4. Connectivity, integration and collaboration

Go to young people, don't expect them to come to you.

Start having conversations.

Ensure CYP's voices inform what we do.

Continue to work with partners to raise awareness of need for physical activity and encourage them to think about that they too can do - LA colleagues, employers, community/voluntary and faith groups etc.

As an organization being involved in GM working on an integrated approach around mental health for young people and families to raise this agenda to see how this can be supported to raise awareness and join these aspects up.

Focus with small cohorts within particular communities.

Invite you to meet our students' leaders and groups to help shape change.

5. Leadership

Keep inclusion of families with disabled children, and young people high on the agenda.

Be super enthusiastic about change, lets embrace it everyone.

Encouraging physical activity with pregnant mums and increase awareness of community provision.

Work with GMHSCP staff to think about their family well-being and how to build times to move more into daily life.

Lead by example at work, use the stairs, walk to nearby meetings.

Promote through Healthy Schools network, curriculum leaders' network, Promote more pupil voice.

Celebrate the small steps YP make.

Some comments from our speakers:

Dr Debs Thompson – How can we evaluate place-based interventions that have a longer-term impact, and how aligns with shorter term family interventions?

Ms Hayley Lever – Evaluation OF the whole system approach is something we're developing for GM Moving which is helping to understand what is enabling change (or not!)- so that's a start and it's very transferable into other areas.

Dr Debs Thompson – Lots of opportunities to align the messaging and engagement on Move more, Eat well, Feel Good. Food and water are the fuel to keep us moving! As Paul said - we have limited resource, but even stronger when aligned.

Competing priorities within the system - be interesting to think about sports sponsorship and health and well-being (gambling, alcohol, food....)

Ms Hayley Lever – This is all brilliant. If you are on twitter, follow @hayleylever @GmMoving and let's keep the conversation going there too. Also, more detail on strategy refresh [here](#).

GM INTEGRATED CHILDREN'S HEALTH PLAN FOR CYP **ACHIEVING A HEALTHY WEIGHT: MEL MAGUINNESS,** **DIRECTOR OF STRATEGIC COMMISSIONING, BOLTON CCG**

Mel opened the session by emphasising the importance of addressing healthy weight in children and young people. Almost a quarter of reception-age children in Greater Manchester are overweight and this rises to around a third of year 6 children. There are variations across localities with one in two children in the most deprived communities being overweight and obese. There are clear links to deprivation and these inequalities need to be tackled.

Being an unhealthy weight also impacts upon emotional health and wellbeing and this can carry through into adulthood, increasing the risk of morbidity and premature mortality.

The influencers of healthy weight are multi-factorial including biological, environmental, and psychological factors. Mel referred to work that is taking place to join up with different sectors e.g. Local Authority, Education and Health to develop family and child-centred care to deliver change and emphasised the importance of listening to CYP voice and working in partnership.

The ambition is to reduce the prevalence of being overweight in all our children by 50% by 2030.

There is a range of preventative measures, and treatment provision for weight management at Tier 2 and Tier 3. In Greater Manchester, services are being designed based on the Thrive model which begins with universal wellbeing and includes provision and design at locality and Greater Manchester level. There will be some services that are more specific for the needs of a smaller number of Children and Young People who need more intensive interventions. We are working together to design standards and outcomes that will benefit all of our CYP. Mel presented the spatial level model and described how it can be applied to healthy weight.

An Expression of Interest (EoI) was submitted to NHSEI for an integrated healthy weight programme. This was developed collaboratively with stakeholders from across Greater Manchester, with Salford as a suggested site for the work.

The outcome of the EoI is not yet known but if successful, the plan is to focus on reception age children and prevention. In 7 of our 10 localities, the prevalence of obesity in this age group is higher than the national average, and the Greater Manchester position is worsening. The work will incorporate antenatal pathways, food banks and early years settings.

In response to a question in the chat, Mel stated that we need to make everything that we do inclusive and tailor to the needs of those with Special Educational Needs and Disabilities by personalising and understanding what the needs of those CYP are. 'The engagement work we are undertaking with CYP and parents/carers will support this'.

From Deanne Shaw, parent/carers

How does disability fit into this? I spent years fighting for support for my daughter who I knew was very unwell and had a very unhealthy relationship with food. The fact she was neuro diverse made this very difficult.

What about the children who for reasons linked to disability, SEND, neuro diversity etc. this doesn't work for them? How do they get support, how do parents get help? and are not judged?

[From Dr Debs Thompson

With respect to universal well-being, it would be good to see how this aligns with GM Moving and city-region food work. We also need place-based action on food so need to build in the design of place into this - food offers in public settings, advertising etc., active travel etc - with resources aligned to that also.

OVERVIEW OF SPECIALIST PROVISION, INCLUDING NW OBESITY EOI:DR. MARS SKAE, PAEDIATRIC ENDOCRINOLOGIST AND OBESITY LEAD, ROYAL MANCHESTER CHILDREN'S HOSPITAL

Dr Skae stated that the preferred term for obesity would be unhealthy excess weight. Data was presented for Manchester from an enhanced weighing and measuring programme (CHAMP) from 2016/17. When amalgamated with National Child Measurement Programme (NCMP) data, in Manchester primary schools there were around 12,000 children with a Body Mass Index (BMI) equal to or greater than the 91st centile and close to 3,000 above the 99.6 centile.

Looking at the following Year's NCMP data the trend continued with a doubling of obese children between reception and year 6. Ethnicity data from 2018 also represented some predisposition to health-related complications from obesity.

'We often talk about simple obesity which is adapted from the Chief Medical Officer (CMO) report Time to Solve Childhood Obesity, but the level of complexity is obvious with many factors. There are some aspects of those factors that can be influenced by the treatment, but the vast majority of factors cannot be addressed through treatment'.

In an ideal world there would be a funnel approach with population health for all and the right people addressing and escalating for the more severe end of obesity.

Medical professionals have considered their roles in addressing healthy weight and agreed 5 areas:

1. Ruling out treatable causes of obesity (genetic, hormonal)
2. Screening for obesity-related co-morbidities
3. Identifying when things are dangerous
4. Providing support and advice to Multidisciplinary teams (MDT) and other healthcare providers
5. Prescribing therapeutic interventions to assist weight loss if indicated

Over 15 months, the service at RMCH had 61 really complex obesity patients referred between 12 and 16 years. There is now data around the severity of Type 2 diabetes in children, with two referrals in the past week which would be unheard of 10 years ago.

In May 2018, the Local Government Association published data which when married up with international data shows that around a third of children are obese and half of these will become obese adults. Longer term data shows that in the obese adult population, life expectancy is reduced by 6 to 7 years.

More recent data from the service at RMCH shows that success is age-related with a positive impact in under 10 years of age. Up to 14-year-old children can be just stabilised but over 14s are difficult to demonstrate beneficial impact. Age-related interventions with the right children and the right approach are important. Many of these children have eating disorders and psychological and self-esteem issues which will affect them in the longer term.

A successful EoI was submitted jointly between RMCH and Alder Hey to develop services for Complex Obesity (CREW) to treat complications related to excess weight. This will provide a North West approach and treatment for 100 children. It will be launched later in the year with two hubs (RMCH and Alder Hey) and enhanced spokes around the region in District General Hospitals. The service pathway is currently being designed. Data shows that the service should look after children for at least two years to ensure that they don't see weight regain or deteriorate.

Covid has meant that virtual consultations with children have opened up and this suits the children. There will be additional services that the children require such as physiotherapy and orthopaedic interventions. Some children have joint problems and rheumatoid arthritis.

When scoping for the service, 89% of DGHs said they had no multidisciplinary provision to help children with their weight and only half had access to community services, so there are inequalities of access for children.

From Deanne Shaw, parent/carer: How will we ensure AFRID (Avoidant/restrictive food intake disorder) food refusal disorder gets the recognition it deserves, the fact treatment should focus on nutrition not just weight.

From Debs Thompson to Dr Skae:

Can we get a commitment from paediatricians to build welfare into care pathways - given that deprivation a key driver to obesity?

Hayley Lever in response to Deanne Shaw, parent/carer's question about how disability fits in: It's key to our work and embedded in the strategy. I have been meeting this morning firming up a workshop for September 2021 as part of the strategy launch month- to build on the 'commitment to inclusion' that will be embedded in GM Moving strategy - how to turn that commitment into action and support everyone on their journey. Ben Andrews is leading the group.

Fiona Brigg: Does anyone have success stories about interventions with 14-18-year olds?

Deanne Shaw, parent/carer: How are we collecting the views of cyp with learning difficulties many of whom are more at risk of being overweight?

Dr Carol Ewing, Chair, responded: We will take this q back to our GM CYP Voice task group

Comment from Hayley Lever

Something that is a recurring feature of our conversations is about the need to surface the challenges, blockages, and barriers to change that are common. Our evaluation team are working with us to understand what enables change in a whole system approach- and there's a lot of transferable learning.

Julie Holt

Great to see this new pathway with longer term for children and young people

MENTIMETER

Q: What are the opportunities and challenges for Greater Manchester at locality and neighbourhood level?

Opportunities:

1. Resources

Join up the many projects such as living streets allotments green gym healthy schools/ workplaces/ hospitals etc. - right people in room, holistic approaches
 Ensure the information and pathways to support are easily accessible to parents.
 Keynote speaker are key. Any funds used in a SMART approach.
 Opportunities mapping all services who can support this strategy and linking them into a pathway for ease of access.

2. Connectivity, integration, collaboration

We have a lot of collaboration already established and now need to make the component parts fit together with shared objectives and outcomes.
 Joining up what works - rather than isolation working.
 Ensuring different sectors understand each other's roles in order for us to collaborate.
 Ensure all aspects of the challenge is addressed not just medical.
 Opportunities are to work in a collaborative manner with a range of organizations statutory and voluntary.
 Shared vision Linking with VSCE.
 Lots of willingness to listen and learn.
 Opportunities to engage with college student councils and student leaders to drive healthy eating/lifestyle messages and activate campaigns to raise awareness to 16+ students.
 Joining up work with adult weight management to optimise the benefits from family initiatives.
 Whole system working which involves professional, children and families.
 Opportunity - GM networks linking us together.
 Place based approaches are an opportunity.
 Opportunity to work with TfGM to address harmful advertising.
 Opportunity GM networks linking everyone together and working across boundaries.

3. Inequalities

Create a holistic system that supports our most complex children.
 Organisations to have anti-poverty strategies.

4. Leadership

Opportunity for all doctors to advocate for living wage + health food in all health settings. This would have a bigger impact on obesity than individual/family intervention.

5. Making a difference

Measuring social value.
 Opportunities-lots of staff wanting to make a positive impact on the health and well-being of the young people the support.

Challenges:

1. Resources

Lack of funding to Local Authorities
 Lack of monies
 Funding
 How to direct resources upstream to work on place-based interventions.
 Time
 Long-term funding
 Funding and inequity when it comes to prioritising need -CYP are one third of our population and our future?
 Insufficient paediatric dietitians
 No funding.
 Short-term funding cycles.

We're too far downstream, but demand is high and rising.

No specialist services available in localities for more complex children and young people.

Challenge - from councils not being a part of it or investing in the same way as others.

Funding streams across localities and priorities for each area are different.

2. **Connectivity, integration, collaboration**

Same blockages experienced over and over in doing the work in practice. Need honest conversations about these and commitment to unblock.

Connectivity between different networks.

Challenges integrated commissioning to reduce organizations to work in silos or have too many complex pathways.

Siloed programmes.

Lack of meaningful engagement of VCSE sector at neighbourhood level.

Challenges are changing habits as we know, and we need to find a way to make this message cool and engaging.

For example, student focus groups and listen. Help them to help us to shape change via colleges and education establishments.

The complexity and what can be done to make a difference.

3. **Inequalities**

Large amounts of deprivation and inequalities in health.

Poverty.

Poverty and the environment.

Lack of specialist services for more complex children not available locally.

4. **Leadership**

Lack of value in youth groups or work.

Poor leadership in the country.

National leadership not aligned to outcomes or approach.

Challenge of changing cultures and social norms that have developed over many years.

Change in culture with more emphasis on cooking healthy quick prep foods with easy access cheap unhealthy foodstuffs.

Q: Share one thing that you or your organisation can do to lead or support positive change professionally, voluntarily, or personally.

1. **Resources**

Identifying community initiatives and working collaboratively.

Funding and education.

Matching supply and demand between health and wellbeing service providers and users.

How to co-ordinate and align the different projects if funding/priorities are separate. e.g. GM Moving, mental health, food, welfare.

Can we think amount some practical solutions - back to basics, grow food locally and learn to cook it, share with each other.

2. **Connectivity, integration, collaboration**

Work with Families and getting them to engage.

In theory integrated working with a wide range of partners, who are knowledgeable about the people living in the place.

Listen to what will help our young people, listen listen listen!

Engagement.

Service user involvement involving parents, carers and young people to guide what they feel is needed from their perspective Listen and learning.

3. **Inequalities**

Poverty - commissioners will soon be coming together as one ICS.

4. **Leadership**

Different communities may require different approaches.

To bring this very important issue to the fore.

Encouraging conversations.

Ensure it is locally owned, it's everyone responsibility to make a difference.

Flexibility to meet individual needs.

Use the spatial planning framework and use real examples.

Prioritising healthy weight and activity and recognising the wider impact on health.

5. Making a difference

Running, cycling, and walking has really taken off during pandemic. Build on it.

We need legislation to change things.

BETH BRADSHAW, FOOD ACTIVE; JACK CARNEY, OASIS GB; HALEH MORAVEJ, MMU

Panel members described some of the work their services did and then responded to questions from CYP.

Beth is an associate registered nutritionist and project manager with Food Active. Food Active is a Healthy Weight charity that works predominantly across the North West and with a number of Local Authorities in GM. The work is around influencing public policy and eating well. They do much lobbying and campaigning around policy changes that influence the local food environment, such as advertising for High Fat Sugar and Salt (HFSS) foods.

Key points:

- Healthy weight across the life course is important
- Youth voice can help make the case for change

Jack has a background in education and spends most of his time now volunteering at Salford Metropolitan Athletic Club in one of the most deprived wards of Salford. They deliver education about, exercising safely and effectively and environment. People from aged 14 years upwards access the facilities.

During lockdown community garden beds were planted with a range of fruit and herbs and the community is encouraged to pick these foods. This enables engagement about exercise, eating well and caring for the environment. Planting has improved the air quality. The change has been driven by children who also recruit family members into exercising with their children. Multi-agency engagement events have also driven the changes that have taken place at the neighbourhood level and the added social value.

Further discussion in the chat:

Dr Debs Thompson

Great news Jack about the air quality

Do you work with the local shops too Jack and the schools/health centres/hospitals?

Could they work with Marcus Rashford to sugar/salt detect at stadium?

Maxine Mealey

Sugar and salt detectors is a good idea in terms of a student leadership activity. Opportunity to link the additional focus with our local communities

Hayley Lever

This is a great example of how this all comes together in a neighbourhood. Also, a great example of how community sports clubs are for their community in a much more holistic way.

Mr Jim Bruce, Clinical Lead, GM 7 EC Strategic Clinical Network

Jack, a great demonstration of translating aspiration to action.

Rachel Redmond

Jack, I would encourage schools in your area to join the #WellSchools network which is a platform for schools to have this collective voice and passion for wellbeing

Great work Jack!

Haleh is a registered nutritionist and senior lecturer in nutritional sciences at Manchester Metropolitan University, as well as a clinical advisor for Anxiety UK. The presentation show-cased some of the creative work that Haleh has done with minimal funding which has engaged students and won awards for sustainability. The whole university population is involved with the 'food revolution', undertaking art and cookery projects using creative approaches. Haleh acknowledged the impact that food can have on mental health and wellbeing, and the importance of culturally appropriate messaging and policies.

Questions posed by CYP

- Q: Tell us how you hope to make GM the best place to live and grow up.
- A: Jack Kelly- 'We can do something on a local level within our own neighbourhoods and can influence change at the Greater Manchester level. If partners are prepared to work together, we can make leaps and bounds. We have to make sure that the end users of services have a big say in how those services are shaped'.
- Q: Can the panel tell us how you're continuously engaged and involving children and young people going forwards?
- A: Haleh Moravej- 'It's about empowering and building confidence and learning from you. We give them the voice and the tools and let them become activists.
- A: Beth Bradshaw: In reference to the first question, it's about a whole system's approach and not pointing the blame at the family, along with all the responsibility for eating well. Regarding engagement, sometimes CYP don't know what mechanisms and support are available to them.
- Q: In the future the YCA is going to be working on a number of themes; equity and equality and health and wellbeing are two. Can the panel tell us how you will support equity when there's so much inequality across GM?
- A: Jack Kelly- The framework that Bethany and Shekinnah presented is a good measure of social value.
- A: Beth Bradshaw: [The National Food Strategy](#) is due out very soon and there will be some focus around health inequalities and equity.
- A: Haleh Moravej: I believe in the power of education.

EXPERT PANEL: THE ROLE OF EDUCATION IN CREATING SPACES WHERE CYP CAN EAT WELL, MOVE MORE AND CONNECT

HAYLEY LEVER, GM MOVING; MICHELLE O'NEILL, TEACHER AND RSHE LEAD

Michelle described her role within her Relationships, Sex and Health Education (RSHE) remit. The role includes supporting other schools and running the PSH and SHE hubs for the Alliance for Learning, a teaching school based at Altrincham Girls Grammar School.

RSHE was due to become statutory in September 2020 but this was set back due to the pandemic and will be implemented this year. Physical Health, Fitness and Healthy Eating is part of the statutory content and so is no longer an 'add-on' or enrichment. Children will be taught about the associations between physical and mental health, and about prevention of diseases. This could be done discretely or as a cross-curricular approach. Hayley stood in for Francesca Speakman who was unable to attend, reflecting on the school as part of a wider community. Strategic leadership enables leadership across the whole school. There's a lot of good work going on and it's not just about the education from the school. The approach needs to include active travel and everything that wraps around the school day and social time. School facilities can be opened up to make sure they are real community assets.

Leadership needs to come from the top and then it can be driven across. If you set the culture you get the policy, physical environment, and everything else that flows around it.

Additional questions and comments in the chat:

Mr Jim Bruce, Clinical Lead, GM & EC SCN: it is very important to learn from the success of others- Denmark has lowest average BMI for age in Europe- what do the Danes do?

Andrea Eadsforth

It will be interesting to see the Ofsted inspection reports with the new RSHE curriculum

Dr Carol Ewing, chair - Good point about school inspection

Kimberley Buckley

is there a way we can all share practical ideas going forward, workshop ideas, projects for young people?

Dr Debs Thompson responded: Great idea Kimberley - it would be good to have a way to continue to connect and share.

Katie Merrick, GREATER MANCHESTER HEALTH & SOCIAL CARE PARTNERSHIP - can support with digital space to share ideas and communities of practice

Dr Carol Ewing:

We need to disseminate our expert panel actions/recommendation across GM - excellent examples

Hayley Lever

Love starting a food revolution with a cabbage. that's the best thing I've heard today.

Dr Debs Thompson

Let's make this an annual gathering and meet at Met Munch next year!

Kimberley Buckley

This would be good as the Onside youth zones are now looking at how to centralise nutritional health and physical health as well as mental health, we need support to embed this new culture

Deanne Shaw, parent/carer responded: Do special schools get these opportunities?

Hellings-Lamb, Leesa

Fabulous work! Maybe other universities and schools could do this or some of this. Most schools could do food growing.

Julie Cheetham

3 Ps love it excellent (referring to Haleh's presentation: Passion, People, Purpose)

Hayley Lever

My daughter is listening to this as she makes her lunch.... wants tips on how to reframe food preparation, as she doesn't like cooking for longer than it takes her to eat! I said- music and making it sociable

Kavaljit Kaur: I love your passion Haleh! Amazing work!

Andrea Eadsforth - fab!

Mr Jim Bruce - Brilliant inspiring presentation

The questions were deferred due to time limitations and were posted in the chat to be followed up via a questionnaire to stakeholders. Please refer to bubbles below for responses and **Appendix 1** spreadsheet.

Can the panel tell us how you hope to make GM the best place to live and grow up?

Can the panel tell us how you will continuously engage and involve children and young people going forward?

How do we make this accessible to all children and young people?

In the future the youth combined authority is going to be working on a number of themes, Equality and Equity and Health and Wellbeing are two. Can the panel tell us how you will support Equity when there is so much inequality across GM?

Stuart Dunne, CEO, Youth Focus NW Just to say I think GM is inspirational and leads the way on lots of youth activism. The school strikes movement is evidence of that. Its more about how we now act on what YP say.

[14/07 15:50] Rachel Redmond
Great presentation Michelle! How do we make Schools see that Health & Nutrition is an essential part of a Young Person's School life and not just an Ofsted requirement?

Deanne Shaw, parent/carer (Guest\\ \\ \\ (Guest)
Lots of fantastic stuff happening but from what myself and Elizabeth Stanley, parent/carer need to ensure we are being as inclusive as possible?

[14/07 15:52] CHEN, Connie (MANCHESTER HEALTH AND CARE COMMISSIONING)
Does the panel think the 'Trauma informed obesity care - Beyond Eating & Exercise' project which has begun in California, have something to offer in Manchester?

PLEDGES

Carol asked the attendees to make pledges either through Mentimeter or in the chat.

1. Name *

Melissa Maguinness

2. Email *

Melissa.maguinness@nhs.net

3. I pledge as an individual to: *

Continue to do all I can to raise awareness with all system partners on the importance of working in partnership with, and listening to, our children and young people in designing services and deciding our priorities for collaborative action

4. As an organisation, we pledge to:

prioritise the health and wellbeing of all of our children and young people in Greater Manchester to improve outcomes and reduce inequalities from the very start

1. Name *

Kath Bromfield

2. Email *

Northwest@nnpf.org.uk

3. I pledge as an individual to: *

I pledge to be more active myself so that I am not asking young people to do what I am not

4. As an organisation, we pledge to:

The National Network of Parent Carer Forums will work with everyone to ensure young people with SEND are included in any offers open to young people. They should feel included and that they belong.

1. Name *

Katie Merrick

2. Email *

Katie.Merrick1@nhs.net

3. I pledge as an individual to: *

Have conversations within my own sphere of networks professionally and personally to raise awareness about what they can do to help restrict harmful advertising and to make the connection between poverty and obesity.

4. As an organisation, we pledge to:

FINAL COMMENTS AND CLOSE: CHRIS MCLOUGHLIN, DCS STOCKPORT MBC AND CO-CHAIR OF THE GM CHILD HEALTH AND WELLBEING EXECUTIVE BOARD

Chris commented how engaging the three hours had been and stated that there were 17 names on her list who she would love to thank personally but couldn't due to time. All have been wonderful. The fact that there are under-10s with Type 2 diabetes is very sobering, as are the projections for 2030. There was great enthusiasm and all of the speakers spoke with such passion around a real belief that we have an opportunity here.

Bethany and Shekinnah talked about four themes at the beginning of the afternoon: equality and equity, health, and wellbeing, COVID recovery and environment. They set off the afternoon so well as this became a golden thread through the presentations and the panels.

There are two things where there seems to be evidence of success:

- Whole system
- Whole family

Chris ended on a note of positive opportunity with the Integrated Care System, the collaboration between health, local authorities and voluntary sector being an opportunity we should grasp. Chris thanked the organisers and all the participants.

NEXT STEPS

Questions that were posed in the chat and through Mentimeter have been circulated for consideration to the speakers. Please refer to Appendix 1

The report will first be shared with relevant groups including:

- The GM Children's Health and Wellbeing Executive Board
- The GM Children's Clinical Steering Group
- The GMCYP Steering group
- The GM Children's Board

This report, and action plan to follow:

- Will assist the evolving GMCYP plan by using healthy weight as an example of developing and delivering integrated care through a GM system and local planning spatial model.

Appendix 1: Collated Survey answers



Appendix 1 Collated survey and Menti (1):

GET IN TOUCH

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