## **APPENDIX A**

**SERVICE SPECIFICATION**

|  |  |
| --- | --- |
| Service | **Under 18’s Physical Activity on Referral Service** |
| Authority Lead | **Peter Cooper** |
| Provider Lead | **tbc** |
| Period | ***October* 2020-March 2023** |
| Date of Review | **30th Sept 2021** |

This specification sets out how the council intends to provide a bespoke and targeted social prescribing service that delivers to the needs of overweight and obese children and young people who require a structured physical activity and lifestyle improvement programme as part of their long term care plan.

This specification should be read in context with the Manchester Healthy Weight Strategy 2020-2025 and the MSB (Manchester Safeguarding Board) Obesity Safeguarding Pathway.

**Local and National Context – Key Statistics**

The World Health Organisation (WHO) regards obesity as one of the most serious public health challenges of the 21st century. Obesity has long been identified as a major problem within the UK. Being overweight or obese is associated with an increased risk of a number of common diseases and causes of premature death, including diabetes, cardiovascular disease and some cancers. The “Marmot Review 10 Years on” identifies that the highest preventable mortality rates (obesity related deaths for example) occur in the poorest areas, and that these rates have increased where social and economic conditions undermine. Children who begin reception overweight are more likely to be obese by Year Six.

The National Child Measurement Programme evidences the impact of poverty on the food choices and overall health of the poorest families. The Institute for Fiscal Studies predicts child poverty- living in a household with less than 60% of the average national income, will increase by over 6% by 2021. This will undoubtedly increase the risk of obesity, where in many families, this is generational.

**Measuring obesity in children**

The method of assigning a BMI classification for children is different from that for adults. For children it is important to adjust for the continuous height and weight changes during normal growth. It is important when using BMI in children that age and gender appropriate growth references are used to correctly determine weight status.

In England, the UK90 Growth Reference chart is used to determine weight status. Clinical thresholds are defined as follows:

* **Healthy Weight** = BMI greater than **2nd** and less than the **91st** centile.
* **Overweight** = BMI equal to or greater than the **91st** centile
* **Obesity** = BMI equal to or greater than the **98th** centile.
* **Severe (extreme) Obesity** = BMI equal to or greater than the **99.6th** centile.

In Manchester, the mandatory National Child Weight Management Programme is in place and children in Reception Year (age 4-5 years) and in Year 6 (age 10-11 years) are weighed and have their height measured in school. (1)

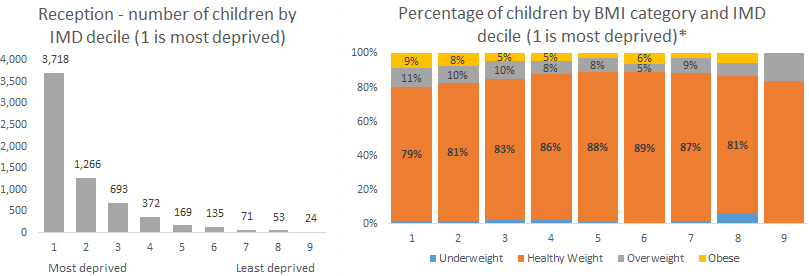
Our most recent National Child Measurement Programme (NCMP) data (2018/2019) reveals that 9.7% of Reception age children (age 4-5) were obese, with a further 12.9% overweight.

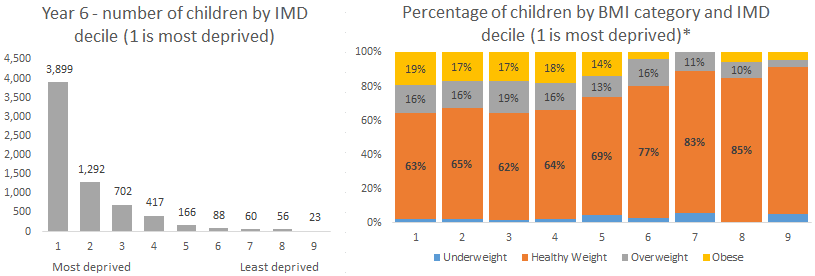
These proportions were significantly higher among Year 6 children (age 10-11), with 20.2% being obese and 14.1% overweight. [[1]](#footnote-1)

Manchester is consistently significantly higher than the national average for children in reception and Year Six who are overweight or obese.

It has the highest obesity rate (11.9%) at reception in Greater Manchester, the second highest obesity rate (26.2%) at Year 6 in Greater Manchester and the second highest obesity rate (26.2%) at Year 6 in the North West of England

In 2018/19 in Manchester, most of the children weighed and measured as part of the National Child Measurement Programme lived in Lower Super Output Areas (LSOAs) that were amongst the most deprived 10% in the country (57% for children in Reception and 58% for children in Year 6). These children had the lowest percentage who were at a healthy weight, and the highest percentages who were overweight and obese in Reception. At Year 6, this was slightly different with children from slightly less deprived areas having greater percentages who were overweight and obese but the most deprived areas still had very high levels in comparison.



**Manchester Healthy Weight Strategy**

A key priority has been the development of a Healthy Weight Strategy for the city to address a wider challenge regarding our obesogenic environment, addressing factors that are multiple and complex and impact on the effectiveness of commissioned services. This five year strategy was launched in March 2020 and describes our commitment to a ‘whole system’ approach to reducing obesity. (2)

The developing strategic objective for reducing obesity in children is to target resources predominantly at 0-5 Years, this is being developed through Health Visiting and School Health. It is in this period, as evidenced in reception age NCMP (National Child Measurement Programme) results that children begin to present as overweight or obese. It is the intention that targeted intervention at this age range, over the duration of the strategy will deliver longer term outcomes in reducing obesity in the children’s population.

(2) The Strategy launch was significantly reduced in profile coming at approximately the point of lockdown. It is anticipated this will be more publically launched and publicised with a citywide Healthy Weight Declaration in 2020/21

**Commissioned Services**

The strategic approach of targeting 0-5 years has presented a gap in provision in the current offer at 5-17 years within our current commissioned offer, it is hoped this new Under 18’s PARS service will attempt to address this imbalance. Therefore the priority in this service is children aged 5 to 17 years.

The current offer in Manchester is as follows;

Health Visiting Service (Infant Feeding Service) 0-5 years

Healthy Weight Project (0-18 years with priority reception age)

School Nurse Service (5-18 years)

Be Well Service weight management vouchers- Tier 2 (Family offer)

Tier 3 Service (Adults)

Currently Manchester is seeking to explore new delivery models either through research or pilot projects, with a view to developing a new weight management offer within a broader Wellbeing service in 2021.

**Social prescribing for children’s weight management.**

Adult wellbeing provision in the city utilises a social prescribing model; a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local neighbourhood based non-clinical services. It takes a community asset approach, directing residents to provision in their own local area where they can receive support for a variety of issues (mental health, smoking cessation, and weight management).

This is the model for the Adult PARS <https://buzzmanchester.co.uk/services/pars>. The Physical Activity Referral Service (PARS) helps people living with long term health conditions to increase their levels of physical activity in a safe and structured environment. The service provides health screening; advice and access to exercise, led by highly qualified exercise professionals. The sessions are run across Manchester in local leisure and community centres.

Population Health are seeking to deliver an *Under 18 Years* model for children and young people who are overweight and obese, that mirrors elements of the adult service in terms of referral and triage. It will also take advantage of the youth, sports & leisure, and voluntary sector offer in neighbourhoods.

**Service Description**

The Junior PARS will be a social prescribing programme for 5-17 year olds who are overweight or obese (above 91st centile). The programme will prescribe activity and exercise sessions utilising key partner organisations across the city to deliver the programmes. Junior PARS will also focus on brief intervention around healthy eating habits and behaviour change focusing on healthy eating and reducing sedentary behaviour, adopting a ‘whole family approach’ to support the child.

Behaviour change techniques have often been used with adults, and there is now growing evidence that these approaches can also be effective when used with children. Evidence suggests that interventions and programmes that use behaviour change models are associated with positive health outcomes, including a decrease in BMI. Behaviour change models should be tailored to the population need of children and young people. Children and Young people have specific development needs, and are at different level of cognitive development to adults and are more dependent on their environment and caregivers. Evidence suggests a number of behaviour change theories may have a positive effect with children, including; goal setting and self-monitoring of behaviour. Instructions on how to perform the behaviour and restructuring of the physical environment may also have a positive impact on childhood weight management.

(Changing behaviours in families, NIHR, 2020)

The service will provide a social prescribing programme that will be followed up across a 10 week interval. At this 10 week interval the participant will be reassessed in a clinic setting with an advisor to follow up on the activity prescribed.

The service must evidence and demonstrate individual participation of activity referred to at the 10 week interval of the programme.

The threshold should be that an individual has engaged with a session and will go on to attend 8 out of the 12 weeks available.

**Obesity Safeguarding Pathway**

Services do not always see the link between obesity and safeguarding or identity when obesity becomes a safeguarding concern. Manchester has developed a multi-agency Childhood Obesity Safeguarding Pathway. This followed a serious case review and actions requested of the Manchester Safeguarding Partnership (Appendix 3) Case F1.

All health and social care staff follow the Healthy Weight Pathway from identification by Health professional through to referral to the Healthy Weight Project, Early Help intervention or escalation to Children’s Social Care.

The Under 18s PARS Service will be included within the pathway and the provider will support the smooth functioning of pathway as a member of the Pathway Steering Group.

**Cohort and Caseload**

The Under 18 PARS service will work with a cohort of 5-17 year olds who have been identified by a Health Professional as having a BMI equal or above the 91st centile, with particular priority given to children who present for intervention at 96th centile and above.

A cost analysis exercise has been undertaken to ascertain the expected annual caseload of supported individuals within the financial envelope of the commission.

It is expected that the service will annually work with between 2,400 and 2,600 clients/families. A proposed staffing model with staff costs based at mid-point Agenda for Change 2021 payscales is available on request.

**Volume of referral**

Using data from the decommissioned service across 2018/19 we are able to demonstrate the volume of referrals by number that were presented to the former weight management service (0-5 inclusive). Not all children who were referred into the service undertook an intervention.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2018/19 | Q1 | Q2 | Q3 | Q4 | Total |
| Referrals | 3461 | 221 | 1222 | 2419 | 7323 |
| NCMP Referrals | 841 | 18 | 997 | 2203 | 4059 |
| No of children attending & completing an assessment | 113 | 138 | 184 | 120 | 555 |
| Number of children starting an intervention | 92 | 123 | 159 | 59 | 469 |
| No of children completing  an intervention | 29 | 48 | 61 | 13 | 151 |

The service will seek to improve on retention and completion of children through the programme, by developing the neighbourhood based approach and network of key support partners across the city.

Referral into the service will be made by Health Professionals, this includes:

* General Practitioners
* School Nurses
* Dieticians
* Clinical Leads
* Healthy Weight Project (School Health Service)

Other such areas of referrals that the team will connect with include schools, colleges, early year’s organisations, children’s centres and looked-after children’s teams. Other professionals that work with children such as Youth Workers, Social Workers and Pastoral Care Workers may also have a key role to play in the intervention and referral to the service, as such the team should make strong links within all these areas. Health professionals should tell the parents or carers of children and young people who have been identified as being overweight or obese about Under 18s PARS. They should explain what it involves and refer as appropriate. The team lead will make strong partnership links with all key referrers and ensure they are well informed of the service and the opportunities.

A clear referral pathway and front door will be developed following NICE guidelines for such programmes, demonstrating collaboration and integration with the Childhood Obesity Safeguarding Pathway. The referrals will be for 5-17 year olds that are within the 91st percentile of weight and above, prioritising 96th centile and above. All comorbidities and medical information that may be relevant for prescribing exercise will be included on the referral form. All safeguarding procedures will be in place at the point of referral with access to refer on if needed.

Parent or guardian consent will be recorded at the point of referral for agreement to be engaged in the programme, with a no consent recorded and reported in accordance with the Safeguarding Pathway. None participants who do not consent/receive parental consent will be included in performance monitoring but would not count within the target of figure of supported individuals.

All children referred must be ready to change their behaviour and want to increase their physical activity levels.

The referrer and at triage must take account of the child’s BMI centile, any obesity-associated diseases or conditions they may have, or family medical history, and any psychosocial considerations, to determine whether referral to Under 18s PARS is clinically appropriate.

Due to the predicted volume of referrals coming into the programme it is advised a digital referral port is put in place as currently being used by the Adult PARS exercise referral service. Such a platform would reduce the need for administration and inputting of referrals as data is directly uploaded on to the referral system. All referrers will have access to the referral portal which will map out the clear referral guidelines at point of referral.

**Acceptance and exclusion criteria**

Young people aged 18 or above are ineligible for this programme. (There must be a clear discharge plan for 17 years who will reach this age during intervention).

Children and young people must be a resident of Manchester or attending a Manchester school.

Exclusion includes those who are already physically active to a recommended level, or for whom a chronic disease / long term condition requires clinical rehabilitation.

Children and young people below 91st centile BMI are ineligible for this service.

**Key Service Outcomes**

In order to have a detailed understanding of the journey and to be able to assess the outcome for all children referred into the scheme it is essential to have a series of robust key performance indicators developed into the programme that would enable service insight and analysis. These will be agreed with the successful provider who will be required to agree a performance framework with the commissioner, this may include;

* No of referrals received 91st Centile and above
* No of referrals received 96th Centile and above
* No of children receiving a neighbourhood offer
* No of children engaging in a local physical activity
* No of children completing a ten week programme (8/10 attendance)
* No of children reducing or maintaining their BMI.
* Reduction in school nurse weight management referral

It is also advised that additional data should be collected and monitored to help the development of the programme. These include;

* + Measuring and collecting [BMI](http://www.nice.org.uk/guidance/ph47/chapter/glossary#body-mass-index-bmi) a) at referral to the programme at the initial assessment or at referral and b) at completion of an intervention
  + Improvements in physical activity levels or reduction in sedentary lifestyle and improvement in self-esteem. A validated lifestyle questionnaire should be used to measure this.
  + Variations in outcomes, according to age, gender, ethnicity and socioeconomic status (for example, as indicated by the postcode of participants), so that the impact on health inequalities can be assessed.
  + The route through which participants were referred to programmes. Then using this information to identify areas where awareness of available programmes is low and where referral rates might be increased.
  + The views of participants including aspects of the service they found helpful and areas that require improvement. Ensure the views of everyone who has participated are collected (including those who did not complete the programme).
  + The views of staff delivering the programme and of those referring participants to it. Use the information to identify any practical or process issues that may need addressing.

**Performance Monitoring Meeting**

The Service provider will have to provide data analysis and service performance in

accordance with this framework at quarterly and annual intervals, meeting with the

Commissioner and Population Health weight management lead.

**Quarterly**

All session performance data with a minimum 1000 / 2000 word narrative analytical update.

**Annual**

Full service report which must include robust quantitative data analysis and service performance review, service user case studies and qualitative analysis, research and evaluation update, financial spend and intended service development for the following 12 month period. This should be broken down into a quarterly schedule. The report will map against all Quality performance indicators as agreed.

As part of the referral system the service must ensure referral and pathway systems work in synergy with other Manchester City Council Public Health funded services and Obesity Safeguarding Referral pathways; the service must demonstrate where the participants/families were referred from and be able to report this information generically and individually. This will enable the Public Health Commissioners of wellbeing and lifestyle services to work together to ensure the pathways are effective and take action should there is a breakdown in the system.

It will be essential for all individuals/families referred due to their weight to be screened and assessed to ensure they participate in sessions appropriate to their individual needs and follow an individual care pathway that will utilise activity and exercise across the neighbourhoods of Manchester.

**Aims and Objectives**

The main aim of the service would be to develop a programme that spans the target audience of 5-17 year olds that are obese or overweight and that are measured within the 91st percentile or above.

The Service will be underpinned by the following objectives:

* A clear referral pathway for Health Professionals
* An accessible process of triage and assessment
* Caseload holding capacity
* Parental consent and safeguarding protocols
* A consistent neighbourhood offer of physical activity opportunities across the twelve integrated neighbourhoods
* Partnership and collaboration with key weight management partners (e.g. paediatric clinician, school nurse, Early Help).
* Partnership and collaboration with stakeholders from the 0-19 Youth Offer (e.g. Youth Strategy Team, Young Manchester, OnSide Youth Zones & Youth Hubs, Youth Fund providers).
* A fully costed staffing and resource model

**Staffing of the service**

Programme staff should be appropriately qualified or experienced to deliver on a weight management programme for children and young people. Staff training needs should be regularly reviewed and addressed where necessary.

The advisors in clinic will treat overweight and obese children and young people and their families with empathy, by making the aware of:

* + the reasons why some children and young people may have difficulty managing their weight
  + the experiences they may face in relation to their weight
  + the anxieties they and their families may have about attending the programme
  + the way in which obesity is perceived by different communities
  + the issues they may need to consider to ensure activities are culturally acceptable.
* Staff will be trained:
  + to accurately measure and record height and weight and to determine BMI centile using age- and gender-specific charts
  + to have a wide knowledge base of the physical activity opportunities across the Manchester neighbourhoods suitable for individuals.
  + to help parents and carers recognise that their child is overweight or obese and the benefits of addressing their weight
  + to be able to give brief intervention on behaviour change such as mindfulness and motivational interviewing to enable new behaviours to become embedded.
  + to offer nutritional support to children and families.
  + to use a locally approved [comorbidities](http://www.nice.org.uk/guidance/ph47/chapter/glossary#comorbidities) assessment tool, where available, to determine whether [lifestyle weight management programmes](http://www.nice.org.uk/guidance/ph47/chapter/glossary#lifestyle-weight-management-programmes-2) are appropriate, or whether they should see their GP for a referral to a [specialist obesity service](http://www.nice.org.uk/guidance/ph47/chapter/glossary#specialist-obesity-services) or other specialist services (for example, paediatric services)
  + to identify any concerns about a child or young person's mental wellbeing and how to refer them to their GP for onward referral to [CAMHS](http://www.nice.org.uk/guidance/ph47/chapter/glossary#child-and-adolescent-mental-health-services-camhs)
  + in how to comply with statutory requirements and local policies relating to safeguarding and information governance.
  + to be aware of how obesity is viewed in different cultures and the issues they may need to consider to ensure any recommended activities are culturally acceptable.
  + to be able to accurately measure and record height and weight and determine BMI centile, using age- and gender-specific charts.

(NICE guidance, 2013)

**Referral, Triage and Assessment**

On receipt of a referral to the system it will be triaged by the senior team lead to ensure the referral is suitable. The referral will then be allocated to an advisor’s caseload where an appointment will be generated for the individual at a local clinic for an assessment. Clinics will be set up in local neighbourhoods and will be accessible for all. They will run with back to back appointments enabling the advisor to see as many people as possible within an allocated window. Clinics will utilise local health centres, community centres and leisure centres within each neighbourhood. Each clinic will consist of new appointments and follow up appointments of the children on the caseload.

During the assessment the advisor would meet with the child and a family member/ carer to carry out an assessment and agree goals for progressing forward with suggested activities. At the assessment physical activity would be prescribed linking to the partners offer in Manchester. This could range from local activity groups, games, sporting activity or local leisure provision such as gym programmes and swim sessions. Parents and Carers will be involved in the process and asked to support in the activity prescribing. Children and parent/carers will be encouraged to exercise together or as a family. Any additional support needs required (Early Help, SEN or CAMHS) will be recorded and referred onto as appropriately.

The advisor will identify and address any fears or concerns the child, young person or their family may have about attending (for example, fears of being the largest child on the programme, of having to do very strenuous activities, or being stigmatised for attending). All information about the programme will be given to the child/family at the initial assessment. What can be realistically expected in terms of results over the duration of the programme itself (for example, explain that for growing children, maintaining their existing weight may be a realistic short-term aim) and that the more sessions of a programme they attend, the greater the likelihood of success.

**Integrated neighbourhood approach to physical activity offer**

The physical activity offer will signpost children to prescribed local leisure and community sessions across Manchester. As a result of the service scoping exercise, links to a number of providers have already been made and many are keen to expand their offer and work with this service to offer suitable programmes.

The service will ensure children and their families are offered programmes of physical activity that are individualised which will allow them to take part within just their family unit. Some families may prefer to increase activity as a whole family then attend sessions with others in the community as their confidence grows.

It is acknowledged that a range of programmes for ability, age and confidence will be needed. Programmes will range in terms of activity provision, play and games for younger children, physical activity and exercise sessions and sport and leisure opportunities. The sessions will be held in local accessible venues at times that families can engage with and fit into their lives. Programmes may initially be focussed and supervised but a rolling programme for continued activity should be sort. As confidence grow it should be encouraged that frequency will increase.

There should be an emphasis on parent/carer support that should be encouraged especially with the under 12 year olds with activity to target a whole family approach. Over 12 years of age may wish to participate more independently.

Regular contact should be kept with the children between follow up to see if they have engaged with the activity. This can be done via telephone contact to minimise activity drop off and keep the support in place.

Physical activity, healthy weight or well-being offer in each locality will not be delivered by the Junior PARS advisors. The advisor role will be to identify suitable activity from the provision already available in the client’s locality. The advisor will be knowledgeable of the local opportunities across the 12 integrated neighbourhoods, and there will be a good relationship developed between Locality Health Leads. There would be an expectation that working with key partners the service team lead could influence the provision that is provided to establish suitable provision to meet the needs of the children being referred. The service should ensure an up-to-date list of local physical activity opportunities for children and young people is maintained and available for the advisors to access.

In the process of scoping this service, a number of key potential partners were approached to discuss potential involvement as a major stakeholder in any future programme. The response was over whelming positive. Initial key stakeholders for providing activity and exercise sessions are included in Appendix 1

**Interdependencies with other Services**

This service exists within the Obesity Safeguarding Referral Pathway and Children’s weight management offer, and therefore has key interdependency with Health, Social

Care and Physical Activity & Leisure sector and Youth Sector. The service will work closely, but not exclusively with;

Primary and Secondary Care

Manchester Healthy Weight Project (MFT)

Manchester School Nurse Service

MCR Active

Children’s Social Care

Manchester Early Help Offer

Integrated Neighbourhood Teams

**Applicable National Standards**

There are several policy documents that relate to the Under 18s Physical Activity Referral Service for which the service must adhere to which include:

* Health and Social Care Standards
* NICE Guidance Children & Young People
* NICE Guidelines for Physical Activity
* NICE Guidance on Physical Activity – Brief Interventions
* Quality assurance Framework for Physical Activity Schemes

Service delivery personnel must meet a set of nationally recognised physical activity qualification standards that are relevant and appropriate to their client group – for personnel who do not meet this criteria robust training and mentoring programmes should be established to ensure they are working towards achieving the required level of qualifications and they must not deliver independently until the minimum standard of qualification is achieved.

The established set of minimum standards for each distinct area of work is set out below.

**Required Minimum Standards:**

All delivery personnel as standard will have undertaken safeguarding training and have DBS clearance.

The service will have minimum one professional qualified to take BMI reading measurements.

**Location of Provider Premises**

It is expected that the provider will currently have or will establish a base within the Manchester boundary by the commencement of the contract.

Service delivery personnel will work in a variety of community based locations across the city.

**Required Insurances**

The provider will be expected to ensure all appropriate insurances and licences are in place to deliver an Under 18 service physical activity service.

The provider will evidence that neighbourhood providers who receive onward referral of young people (e.g. dance groups, sports clubs, community allotments etc.) have been check-listed for the requisite qualifications, safeguarding requirements, risk management and parental consent.

**Key documents**

Manchester Healthy Weight Strategy 2020-2025

Manchester Neglect Strategy (MSCB June 2017)

Our Healthier Manchester (2016-2021)

Manchester Population Health Plan (2018-2027)

Manchester Sport and Physical Activity Strategy (2019-2029)

PHE Whole system approach to reducing obesity (2019)

**Appendix 1**

**Manchester Youth Strategy Team** - The youth offer in the city will most certainly be a useful resource for young people who are overweight as there will be a range of provision that will contribute to the physical and mental wellbeing of young people.

**Young Manchester -**<https://www.youngmanchester.org/near-you/>. Young Manchester is a strategic charity linked to the ‘Our Manchester’ strategy for the city. Young Manchester is committed to working collaboratively with partners to build on the vital and innovative work of the voluntary sector community and raising the profile of youth and play across the city. The partners Young Manchester engages with include Greater Manchester coalition of disabled people, 42nd Street, Barlow Moor Community Association, Greater Manchester Youth Network (GMYN) and the Youth Zones amongst other. This network of partners will create a vital platform of activity across the city for the Junior PARS social prescribing service to connect with.

**Manchester Youth Zones** - provide a unique safe place for young people aged 8 – 19, up to 25 with additional needs, from across Manchester. With a wealth of sport and creative activities. The Youth Zones offer a number of targeted provisions to provide additional support to those who need it. Currently the Youth Zones have three offers the Fact 5 for 6-8 year olds, Junior offer 8-13 year olds and the senior offer. All sessions are £5 per year with a 50p per session cost making it accessible to many. The offer ranges across sport and activity with nutritional advice included. The Youth Zones were happy to be part of not just the referral pathway but also play a part in the screening and prescribing of children accessing the centers. The Youth Zones have an onsite gym that can be utilized and a diet and nutritional worker.

**Greater Manchester Youth Network (GMYN) -** Is a youth organization that provides opportunities for young people and supports youth organisations that work within Greater Manchester. GMYN provide learning and developing opportunity care system and health action champions that can engage with young people across a social movement. GMYN was happy to be engaged with a Junior PARS Programme and would be able to help to engage with children and young people.

**MCRactive (Manchester Active) –** Have agreed to be a key partner with the Programme with their position to drive sport and physical activity within the city. A supporting statement from Manchester Active is below.

*MCRactive are a not for profit organisation established and overseen by Manchester City Council, responsible for driving sport and physical activity across Manchester, inspiring and encouraging everyone to lead a more active and healthy lifestyle.*

*Recently we launched our 10 Year Sport & Physical Activity Strategy, which is a long-term vision for Manchester by Manchester. Sport and physical activity is already a core part of our city’s identity, and of the lifestyles of so many, but we must break the deep-seated resistance to activity by removing barriers, widening access and helping all Mancunians lead healthier lifestyles and move more.*

*Children and young people feature in the seven themes of our strategy and include:*

* *Helping young people enjoy being active, healthy and reach their potential.*
* *Supporting children and young people to have the best start in life, to enjoy taking part in sport and physical activity and support their all-round wellbeing, to reduce childhood obesity, and to help provide the skills that will help them to reach their full potential in life through sport & physical activity.*

*MCRactive would be able to assist in influencing key partners such as our leisure providers to offer key incentives and referral pathways to utilise local accessible activities, for example to offer a supported gym/swim offer for a limited period. In addition MCRactive are leading the way nationally with the introduction of a new digital platform that will underpin local provision which will reduce the need for tailored programmes and assist understanding of designing such tailored programmes, if required. Obtaining a more informed approach to resourcing.*

*Further investment has been sourced to create a digital triage system which will effectively ‘signpost’ to appropriate provision. This is being designed in partnership with PARS, again demonstrating that the two organisations synergies and direction are aligned together*

**Appendix 2 Suggested behaviour change techniques that can be employed**

Whole family approach (Changing behaviours in families, NIHR, 2020)

|  |  |  |  |
| --- | --- | --- | --- |
| **Behaviour change category** | **Behaviour change technique** | **Definition** | **Examples** |
| Goals and planning | Goal setting (behaviour) | Set or agree on a behavioural goal defined in terms of the behaviour to be achieved | Service provider explores families’ current lifestyle behaviours and, considering family needs, supports setting of achievable and realistic behavioural goals  Provider ensures families set goals that are ‘SMART’ (that is small, measurable, achievable, relevant, timely), considering that global goals (for example writing shopping lists) will slightly differ from an individual goal (for example not buying sweets) |
| Problem solving  (includes Relapse prevention and Coping planning) | Analyse, or prompt the person to analyse, factors influencing the behaviour and generate or select strategies that include overcoming barriers and/or increasing facilitators | Explore personal (for example boredom) and environmental barriers (for example lack of outdoor space) when healthy eating and getting active. Consider various scenarios in life, such as on the way to and from school, weekends, holidays etc. Support the family in coming up with solutions and coping skills, for example preplanning the behaviour and spending quality time together |
| Action planning | Prompt detailed planning of performance of the behaviour (must include at least one of context, frequency, duration and intensity). Context may be environmental  (physical or social) or internal (physical, emotional or cognitive) (includes ‘Implementation Intentions’ | Provide simple options to support the families to identify and plan to be more active, for example go for a walk to the local park, use the stairs instead of the elevator or escalator, and ideas for both outdoor and indoor games |
| Feedback and monitoring | Self-monitoring of behaviour | |  | | --- | | Establish a method for the person to monitor and record their behaviour(s)/ outcomes of the behaviour(s) as part of a behaviour change strategy | | Advise families to keep a behaviour diary (non-digital or digital) in which diet, physical activity, and sedentary behaviours, and other potential behaviours (for example purchasing and food preparation behaviours) are recorded daily in alignment with previously set goals  Support the use of monitoring records (non-digital or digital) of physical activity from baseline to the end of the service by visualising the average minutes of physical activity per day from week to week during the intervention to record changes. Changes could be visualised using progress bars |
| Feedback on behaviour | Monitor and provide informative or  evaluative feedback on performance of  the behaviour (for example form, frequency, duration, intensity) | Identify ways in which families currently incorporate healthy eating and physical activity into their lives, and provide personalised feedback, reinforcing positive changes. |
| Shaping knowledge | Instructions on how to perform a behaviour | Advise or agree on how to perform the  behaviour (includes ‘Skills training’) | Provide information and resources on how families can increase health behaviours, for example physical activity at home and as part of their everyday life. Child-specific material should be in the form of active play and discussion in age-appropriate manner |
| Repetition and substitution | Behavioural practice/ rehearsal | Prompt practice or rehearsal of the  performance of the behaviour one or more  times in a context or at a time when the  performance may not be necessary, in  order to increase habit and skill | Facilitate physical activity sessions such as dance classes with providers participating regularly in the training sessions, to encourage the children and provide practical examples |
| Repetition and substitution continued | Behaviour substitution | Prompt substitution of the unwanted behaviour with a wanted or neutral behaviour | Encourage families, throughout the programme, to replace sedentary behaviours (for example television viewing and video game use) with alternative more active behaviours (for example dancing, hula-hoop) |
| Graded tasks | Set easy-to perform tasks, making them increasingly difficult, but achievable, until behaviour is performed | Support families in maintaining and/or further enhancing previously achieved goals, for example increasing 2 active sessions to 3 per week. Reinforce the importance of undertaking small changes at a time, for example, Change4Life 10 Minute Shake Up |
| Antecedents | Restructuring the physical environment | Change, or advise to change the physical environment in order to facilitate performance of the wanted behaviour or create barriers to the unwanted behaviour (other than prompts/cues, rewards and punishments | Encourage families to modify their environment to maximise behaviour change, for example replace sedentary behaviours with more active ones by providing active video games or devices with augmented reality |

**Appendix 3 Childhood Obesity Safeguarding Pathway**

The childhood obesity safeguarding pathway was developed as a result of a serious case review (Child F1) and established a multi-agency agreement on a prescribed pathway for referral route and escalation in the case of childhood obesity and neglect to engage in service intervention.

The pathways can be found here:

**SCR F1** [**https://www.manchestersafeguardingpartnership.co.uk/resource/child-reviews/**](https://www.manchestersafeguardingpartnership.co.uk/resource/child-reviews/)

**Healthy Weight Pathway**

**Safeguarding Analysis Tool in in the Context of Obesity**

[**https://www.manchestersafeguardingpartnership.co.uk/resource/childhood-obesity-and-neglect-resources-for-practitioners-to-share/**](https://www.manchestersafeguardingpartnership.co.uk/resource/childhood-obesity-and-neglect-resources-for-practitioners-to-share/)

1. 1. As a result of Covid19 restrictions, the NCMP will not be taking place in 2020/21. This is usually undertaken from September each year. It will result in approximately 4,000 children not identified for referral and intervention.

   [↑](#footnote-ref-1)