

THEMATIC BADGE HEALTHY

| | Some | Meaningful | Significant | Sustainable | Outcome | Impact (Outcome Indicators) |
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| Workstream 1 Early Years | <p>Priorities for action to address health inequalities facing families with very young children are identified collectively with partners, including VCSE and families.</p> <p><i>These priorities may relate to existing Programmes of work include Children's Healthy Weight, Healthy Babies, Room to Breathe, Healthy Lungs, and Making Manchester</i></p> | <p>An action plan is co-developed with families to improve outcomes and reduce health inequalities for pregnant people, babies and very young children against the identified priorities.</p> <p>Identified workforce is trained in how</p> | <p>The action plan is delivered against, and delivery is regularly reviewed by families.</p> | <p>Review feedback and learning from the implementation of the action plan is taken forward to create a framework/procedure through which further priorities are addressed alongside families.</p> | <p>Babies and pre-school children growing up in Manchester thrive: their health outcomes improve and health inequalities in early years are reduced.</p> <p>Workforce contributing to better health</p> | <p>Improvement in specific health indicators of very young children (<i>These, depending on priorities identified could be Infant Mortality Rate, National Child Measurement Programme Data, Smoking at the Time of Delivery, Adult Smoking Prevalence (OHID)</i>)</p> |

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| | <p><i>Fairer Kickstarter).</i></p> <p>Workforce mapping conducted to identify key workforce that will be involved in the planning and delivery against these priorities</p> | to take a CRBA in a health & early years context. | "Principles rooted in a CRBA are co-designed with families and established for use by a small cohort of professionals/practitioners delivering services within early years development. The success of delivering against these principles is assessed. | Workforce deliver culturally competent programmes of work (like, Healthy Babies, Children's Healthy Weight, Smoke Free Environments, MMF Kickstarter) using the principles co-produced with families rooted in CRBA and plans around future identification of priorities systematically consider the co-produced principles | outcomes in early years understands, implements, and considers the rights of very young children. | % of workforce who can articulate a CRBA and how they have applied it within their context. |
| Workstream 2 Wellbeing & Mental Health | Identify key evidence-based priority actions with | Use identified priorities to inform CYP section of all- | Actions / interventions in the strategic plan are being | Mechanism is established so all future plans / strategies | Children and Young People's wellbeing | % CYP reporting that the activities/interv |

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| | <p>partners and through engagement with CYP to improve mental health and wellbeing for CYP.</p> <p>Conduct mapping of current approaches and areas for development, understanding of workforce training needs, and assessment of current inequalities issues.</p> | <p>ages citywide mental health and wellbeing strategic plan.</p> <p>Train workforce on how to take a CRBA when implementing the actions / interventions relating to CYP in the plan.</p> | <p>delivered with a shared child-rights based approach, by a trained workforce.</p> | <p>concerning the mental health of CYP are systematically designed and delivered using a CRBA, with the engagement of CYP, and learning from previous interventions are used to inform these plans/strategies.</p> | <p>improves because of the activities/interventions delivered through the wellbeing plan</p> <p>Inequalities are reduced between the groups identified as experiencing inequalities through #Bee Well Survey</p> | <p>entions identified in the wellbeing plan are having 'a positive impact on their wellbeing</p> <p>Reduced inequalities in psychological wellbeing between the groups identified in #Bee Well</p> |
| <p>Workstream 3</p> <p>Participation</p> | <p>Identify existing groups of CYP, ensuring groups include those who are representative of marginalised CYP, with whom health</p> | <p>Work with CYP to agree an approach for how their views and experiences are incorporated into strategies</p> | <p>Identify health and wellbeing strategies and engage with CYP who are representative of Manchester to shape the strategies.</p> | <p>Work with CYP to create and implement a mechanism by which CYP and steer and scrutinise the delivery of the strategies.</p> | <p>CYP, including those from communities acutely impacted by inequalities, are able to influence and inform the</p> | <p>% of CYP involved in mechanism to steer and scrutinise the delivery of the strategies who report feeling that their views and thoughts</p> |

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| | <p>strategies can be discussed, ensuring they are reflective of Manchester's CYP population.</p> <p>Identify teams within the workforce to undertake training to strengthen and expand the means of children's inclusive participation in the development of strategies.</p> | <p>around health and wellbeing.</p> <p>Train workforce on meaningfully engaging with CYP.</p> | <p>Incorporate the views and experiences of CYP.</p> | | <p>development and ongoing delivery of health & wellbeing strategies.</p> | <p>are respected and are able to meaningfully steer the direction of delivery.</p> |
| <p>Impact (Progress Indicators)</p> <p>Workstream 1</p> | <p>Priorities agreed</p> <p>Workforce mapping conducted</p> | <p>Action plan co-developed.</p> <p>% of families who participated in co-development activities, who feel that their</p> | <p>Delivery of the action plan is taking place via various groups.</p> <p>Principles co-designed</p> | <p>Established principles are applied to further identification of priorities.</p> | | |

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| | | <p>views were taken into account.</p> <p>Training conducted - % of workforce who feel they understand how to apply a CRBA in their context.</p> | | | | |
| <p>Impact (Progress Indicators)</p> <p>Workstream 2</p> | <p>Key priority areas identified.</p> <p>Mapping activity conducted.</p> | <p>CYP section of all-ages mental health and wellbeing strategic plan produced.</p> <p>Training conducted - % of workforce who feel they understand how to apply a CRBA in their context.</p> | <p># of interventions/a ctivities delivered as part of the plan and lessons learnt from initial children's feedback</p> | <p>% / # of strategies that utilise the agreed mechanism correctly.</p> | | |
| <p>Impact (Progress Indicators)</p> <p>Workstream 3</p> | <p>Groups of CYP identified.</p> | <p>Approach to CYP's engagement agreed.</p> | <p>% of CYP involved in engaging with strategies who report feeling</p> | <p>% of CYP involved in engaging with strategies who report feeling</p> | | |

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| | Workforce to be trained identified. | Training conducted - % of workforce who feel they understand how to apply a CRBA in their context. | that their views and thoughts are meaningfully considered and used to influence these strategies | that their views and thoughts are meaningfully considered and used to influence the delivery of strategies. | | |
| Means of verification (MoV) Workstream 1 | Summary of priorities and supporting notes of engagement with families. Map of key workforce and development needs | Action Plan. Perception data. Training logs and feedback data. | Notes from delivery groups' | Case studies of application. | | Perception data |
| Workstream 2 | Summary of priorities and supporting statements of engagement with CYP. Map of current approaches, workforce training needs | Strategic plan with reference to how CYP influenced the strategy. Training logs and feedback data. | A list of interventions/a ctivities delivered Lessons learnt from children's initial feedback | Review data. Case studies. | | Bee Well Survey & Perception Data |

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| | and current inequalities. | | | | | |
| Workstream 3 | List of groups of CYP. Workforce development plan. | Summary of approach to engagement with CYP and how CYP have informed this approach. Training logs and feedback data. | Perception data. Case studies. | Perception data. Case studies. | | Perception data. Case studies. |
| Summary assumptions | <ul style="list-style-type: none"> • Opportunities to refresh strategies and policies using child rights will occur during CFC programme cycle • There is appropriate resource to drive, coordinate and deliver the action plan • Organisations working with children across the city are engaged in, and support the delivery, of the action plan such as rolling out children’s rights training across their workforce. | | | | | |
| Equal & Included | <ul style="list-style-type: none"> • Healthy Badge will link to principles and work of Making Manchester Fairer Strategy • Manchester will further develop structures that enable all young people at neighbourhood, ward, and citywide levels to represent their view across a broad range of issues, relating to their health • All elements of the action plan will work with children, young people and families across the city, but at a different scale and intensity depending on the need in each part of the city and community • We recognise that more resource may have to be allocated to engagement activity with children and families who may not traditionally engage with health services | | | | | |