

**GREATER MANCHESTER  
JOINT HEALTH SCRUTINY COMMITTEE**

**DATE:** Tuesday 10 September 2024

**TIME:** 10.00 am

**VENUE:** [GM Combined Authority](#), Boardroom, Tootal Buildings,  
56 Oxford Street, Manchester M1 6EU

**AGENDA**

- 1. Welcome and Apologies**
- 2. Chair's Announcements and Urgent Business**
- 3. Declarations of Interest** 1 - 8

To receive declarations of interest in any item for discussion at the meeting. A blank form for declaring interests has been circulated with the agenda; please ensure that this is returned to the Governance & Scrutiny Officer at least 48 hours in advance of the meeting.

<b>BOLTON</b>	<b>MANCHESTER</b>	<b>ROCHDALE</b>	<b>STOCKPORT</b>	<b>TRAFFORD</b>
<b>BURY</b>	<b>OLDHAM</b>	<b>SALFORD</b>	<b>TAMESIDE</b>	<b>WIGAN</b>

Please note that this meeting will be livestreamed via [www.greatermanchester-ca.gov.uk](http://www.greatermanchester-ca.gov.uk), please speak to a Governance Officer before the meeting should you not wish to consent to being included in this recording.

- 4. Minutes of Annual meeting held on 16 July 2024** 9 - 22
- To consider the approval of the minutes of the Annual meeting held on 16 July 2024.
- 5. NHS Greater Manchester Chief Executive's Update** 23 - 50
- Presented by Mark Fisher, Chief Executive, and Paul Lynch, Director of Strategy and Planning, NHS Greater Manchester.
- 6. Reconfiguration Progress Report and Forward Look** 51 - 56
- Presented by Claire Connor, Associate Director Communications & Engagement. NHS Greater Manchester.
- 7. Greater Manchester Approach to Obesity Prevention** 57 - 120
- Jane Pilkington, Director of Population Health NHS Greater Manchester, Deborah Blackburn, Director Childrens Commissioning, Nursing and Wellbeing Salford City Council and Sara Roscoe, Head of Primary Care, Transformation, NHS Greater Manchester.
- 8. Work Programme for the 2024/25 Municipal Year** 121 - 130
- Presented by Nicola Ward, Statutory Scrutiny Officer, GMCA.
- 9. Date and Time of Next Meeting**
- Tuesday 15 October 2024 at 10.00 am Boardroom, GMCA.

## For Information

### 10. Links to Minutes and Decisions

- [NHS Greater Manchester Integrated Care Board Agenda Pack dated 17 July 2024](#)
- [NHS Greater Manchester Integrated Care Partnership Board Agenda Pack dated 31 May 2024](#)

11. **GovWiFi Instructions** 131 - 132

12. **Glossary of Terms** 133 - 136

<b>Membership of the Greater Manchester Joint Health Scrutiny Committee</b>		
<b>Name</b>	<b>Organisation</b>	<b>Political Party</b>
Councillor Jackie Schofield	Bolton Council	Labour
Councillor Elizabeth FitzGerlad	Bury Council	Labour
Councillor Zahid Hussain	Manchester City Council	Labour
Councillor Eddie Moores	Oldham Council	Labour
Councillor Peter Joinson	Rochdale Council	Labour
Councillor Irfan Syed	Salford City Council	Labour
Councillor David Sedgwick	Stockport Council	Labour
Councillor Naila Sharif	Tameside Council	Labour
Councillor Sophie Taylor	Trafford Council	Labour
Councillor Ron Conway	Wigan Council	Labour

For copies of papers and further information on this meeting please refer to the website [www.greatermanchester-ca.gov.uk](http://www.greatermanchester-ca.gov.uk). Alternatively, contact the following Governance & Scrutiny Officer: [jenny.hollamby@greatermanchester-ca.gov.uk](mailto:jenny.hollamby@greatermanchester-ca.gov.uk). This agenda was issued on 2 September 2024 on behalf of Julie Connor, Secretary to the Greater Manchester Combined Authority, Broadhurst House, 56 Oxford Street, Manchester M1 6EU

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## Declaration of Councillors' Interests in Items Appearing on the Agenda

Name and Date of Committee: \_\_\_\_\_

<b>Agenda Item Number</b>	<b>Type of Interest - PERSONAL AND NON PREJUDICIAL Reason for declaration of interest</b>	<b>NON PREJUDICIAL Reason for declaration of interest Type of Interest – PREJUDICIAL Reason for declaration of interest</b>	<b>Type of Interest – DISCLOSABLE PECUNIARY INTEREST Reason for declaration of interest</b>

Please see overleaf for a quick guide to declaring interest at GMCA meetings.

## Quick Guide to Declaring Interests at GMCA Meetings

Please note: should you have a personal interest that is prejudicial in an item on the agenda, you should leave the meeting for the duration of the discussion and the voting thereon.

This is a summary of the rules around declaring interests at meetings. It does not replace the Member's Code of Conduct; the full description can be found in the GMCA's constitution Part 7A.

Your personal interests must be registered on the GMCA's Annual Register within 28 days of your appointment onto a GMCA committee and any changes to these interests must notified within 28 days. Personal interests that should be on the register include:

1. Bodies to which you have been appointed by the GMCA.
2. Your membership of bodies exercising functions of a public nature, including charities, societies, political parties, or trade unions.

**You are also legally bound to disclose the following information called Disclosable Personal Interests which includes:**

1. You, and your partner's business interests (e.g., employment, trade, profession, contracts, or any company with which you are associated).
2. You and your partner's wider financial interests (e.g., trust funds, investments, and assets including land and property).
3. Any sponsorship you receive.

**Failure to disclose this information is a criminal offence**

**Step One: Establish whether you have an interest in the business of the agenda**

1. If the answer to that question is 'No' then that is the end of the matter.
2. If the answer is 'Yes' or Very Likely' then you must go on to consider if that personal interest can be construed as being a prejudicial interest.

**Step Two: Determining if your interest is prejudicial**

A personal interest becomes a prejudicial interest:

1. Where the wellbeing, or financial position of you, your partner, members of your family, or people with whom you have a close association (people who are more than just an acquaintance) are likely to be affected by the business of the meeting more than it would affect most people in the area.
2. The interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice your judgement of the public interest.

**For a non-prejudicial interest, you must:**

1. Notify the Governance and Scrutiny Officer for the meeting as soon as you realise you have an interest.
2. Inform the meeting that you have a personal interest and the nature of the interest.
3. Fill in the declarations of interest form.

**To note:**

1. You may remain in the room and speak and vote on the matter.

If your interest relates to a body to which the GMCA has appointed you to, you only have to inform the meeting of that interest if you speak on the matter.

**For prejudicial interest, you must:**

1. Notify the Governance and Scrutiny Officer for the meeting as soon as you realise you have a prejudicial interest (before or during the meeting).
2. Inform the meeting that you have a prejudicial interest and the nature of the interest.
3. Fill in the declarations of interest form.
4. Leave the meeting while that item of business is discussed.
5. Make sure the interest is recorded on your annual register of interests form if it relates to you or your partner's business or financial affairs. If it is not on the Register update it within 28 days of the interest becoming apparent.

**You must not:**

Participate in any discussion of the business at the meeting, or if you become aware of your disclosable pecuniary interest during the meeting participate further in any discussion of the business, participate in any vote or further vote taken on the matter at the meeting.



## **SHORT GUIDE**

### **GMCA CODE OF CONDUCT FOR MEMBERS**

#### **1. WHO**

Mandatory for

The Mayor

Members of GMCA

Substitute Members of GMCA

Voting Co-opted Members of GMCA's committees

Appointed Members of Joint Committees

Voluntary for

Non-voting Co-opted Members of GMCA's committees

Elected members from GM districts when they represent GMCA

#### **2. WHEN**

Acting in your official capacity, and

In meetings of:

- GMCA; or
- GMCA's Committees or Sub-Committees, Joint Committees or Joint Sub-Committees

#### **3. CONDUCT**

##### **General Principles**

Selflessness: the public interest not personal gain

Integrity: avoid undue influences

Objectivity: decisions made on merit

Accountability: scrutiny is the norm

Openness: transparent decisions with reasons

Honesty: declare interests and avoid conflicts

Leadership: lead by example.

## **DO NOT**

- Unlawfully discriminate
- Bully or be abusive
- Intimidate a complainant, a witness, or an investigator under the Code of Conduct
- Compromise the impartiality of GMCA's officers
- Disclose confidential information without authority
- Deny lawful access to information
- Bring GMCA into disrepute
- Abuse your position
- Use GMCA's resources improperly

## **DO**

- Pay due regard to the advice of the Treasurer and Monitoring Officer
- Register your interests
- Declare your interests

## **INTERESTS**

### **A. Pecuniary interests (you, your spouse or your partner)**

#### **Register within 28 days**

- Employment or other paid office
- Sponsorship – payment in respect of expenses as a Member of GMCA, or election expenses.
- Contracts – between you/your partner (or a body in which you or your partner has a beneficial interest) and GMCA:

- Land you have an interest in within Greater Manchester
- Corporate Tenancies – where GMCA is the landlord you/your partner (or a body in which you or your partner has a beneficial interest) is the tenant
- Securities – you have a beneficial interest in securities of a body which has a place of business or land in the area of the GMCA

**Do not speak or vote at a meeting on a matter in which you have a disclosable pecuniary interest**

**Disclose the interest at the meeting**

**Withdraw from the meeting**

**It is a criminal offence to fail to register disclosable pecuniary interests and to participate in any discussion or vote on a matter in which you have a disclosable pecuniary interest.**

## **B. Other Interests**

### **Personal Interests**

You have a personal interest -

- If your well-being or financial position would be affected (i.e. more so than other ratepayers)
- If the well-being or financial position of somebody close to you would be affected or the organisations in which they are employed
- If the well-being or financial position of body referred to below would be affected
  - A body of which you are in a position of general control or management and to which you are appointed or nominated by GMCA;
  - A body of which you are in a position of general control or management which
    - i.exercises functions of a public nature;

- ii. is directed to charitable purposes; or
- iii. one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union),
- the interests of any person from whom you have received a gift or hospitality with an estimated value of at least £100.

**Disclose the interest at the meeting**

**You may speak and vote**

**C Prejudicial Interests**

You have a prejudicial interest -

Where your personal interest is one which a member of the public would reasonably regard as so significant that it is likely to prejudice your judgement of the public interest and it:

- affects your financial position (or those persons or bodies referred to in section B above); or
- relates to the determining of any approval, consent, licence, permission or registration

**Do not speak or vote at a meeting on a matter in which you have a prejudicial interest**

**Disclose the interest at the meeting**

**Withdraw from the meeting**

**Minutes of the Annual Meeting of the Greater Manchester  
Joint Health Scrutiny Committee held on 16 July 2024,  
GMCA, Boardroom, 56 Oxford Street, Manchester M1 6EU**

**Present:**

Councillor David Sedgwick	Stockport Council (Chair)
Councillor Jackie Schofield	Bolton Council
Councillor Elizabeth FitzGerald	Bury Council
Councillor Eddie Moores	Oldham Council
Councillor Naila Sharif	Tameside Council
Councillor Ron Conway	Wigan Council

**Officers in Attendance:**

Sandy Bering	Strategic Lead Clinical Commissioner – Mental Health & Disabilities, NHS Greater Manchester
Claire Connor	Associate Director Communications & Engagement, NHS Greater Manchester
Warren Heppolette	Chief Officer, Strategy & Innovation, NHS Greater Manchester
Jenny Hollamby	Senior Governance & Scrutiny Officer, GMCA
Harry Golby	Associate Director of Delivery & Transformation, NHS Greater Manchester
Jane Pilkington	Director of Public Health, NHS Greater Manchester
Nicola Ward	Statutory Scrutiny Officer, GMCA

**JHSC/41/24                      Welcome & Apologies**

Introductions took place around the table.

Apologies were received and noted from City Mayor Paul Dennett, Councillor Linda Grooby, Councillor Zahid Hussain, Councillor Sophie Taylor, and Councillor Barry Winstanley.

**JHS/42/24                      Appointment of Chair**

A nomination for Councillor David Sedgwick to be appointed as Chair was received and approved.

Councillor Sedgwick expressed gratitude to existing Members for their continued support and offered a warm welcome to new Members joining the Committee. The Chair acknowledged the outgoing Members and their valuable contributions throughout the previous year 2023/24.

**RESOLVED/-**

That Councillor David Sedgwick to appointed as Chair for the 2024/25 municipal year.

**JHS/43/24                      Appointment of Vice-Chair**

Before seeking nominations, the Chair acknowledged the significant workload outlined in the Work Programme and the increased meeting frequency. Given his own full-time commitments, he emphasised the need for a Vice-Chair who could actively participate and cover some meetings.

Councillor Elizabeth FitzGerald nominated herself to be appointed as Vice-Chair, which was received and approved.

**RESOLVED/-**

That Councillor Elizabeth FitzGerlad be appointed as Vice-Chair for the 2024/25 municipal year.

**JHS/44/24                      Membership of the Committee 2024/25**

**RESOLVED/-**

That the Membership for the 2024/25 municipal year be noted as below:

<b>Authority</b>	<b>Member</b>	<b>Substitute Member</b>
Bolton	Councillor Jackie Schofield (Labour)	Councillor Debbie Newall (Labour)
Bury	Councillor Elizabeth FitzGerald (Labour)	Councillor Joan Grimshaw (Labour)
Manchester	Councillor Zahid Hussain (Labour)	TBA
Oldham	Councillor Eddie Moores (Labour)	Councillor Peter Davies (Labour)
Rochdale	Councillor Peter Joinson (Labour)	Councillor Patricia Dale (Labour)
Salford	Councillor Irfan Syed (Labour)	Councillor Sammy Bellamy (Labour)
Stockport	Councillor David Sedgwick (Labour)	Councillor Wendy Wild (Labour)
Tameside	Councillor Naila Sharif (Labour)	Councillor Charlotte Martin (Labour)
Trafford	Councillor Sophie Taylor (Labour)	Councillor Barry Winstanley (Labour)
Wigan	Councillor Ron Conway (Labour)	Councillor Paul Molyneux (Labour)

**JHSC/45/24**                    **Members Code of Conduct and Annual  
Declaration Form**

**RESOLVED/-**

1. That the GMCA's Code of Conduct be noted.
2. That it be noted that all Members be requested to complete an annual Register of Interest Form.

**JHSC/46/24**                    **Terms of Reference for the 2024/25 Municipal Year**

**RESOLVED/-**

That the Terms of Reference 2024/25 for the Committee be noted.

**JHSC/47/24**                    **Chair's Announcements and Urgent Business**

The Chair informed the Committee that the workload this year would be considerably heavier due to the increased volume of work being undertaken. This included, notably, the scrutiny of NHS Greater Manchester's proposed service redesigns. Due to the anticipated significant meeting agendas and to guarantee representation for all Districts, the Chair emphasised the importance of substitutes attending meetings in the absence of a Member and that they were fully briefed beforehand.

**RESOLVED/-**

That it be noted that Member's would action the Chair's request for them to consult with their Substitutes so that they are prepared and briefed appropriately.

**JHSC/48/24**                    **Declarations of Interest**

No declarations of interest were received in relation to any item on the agenda.



**JHSC/49/24**

**Minutes of the Meeting held on 13 March 2024**

**RESOLVED/-**

That the minutes of the meeting held on 13 March 2024 be approved as a correct record.

**JHSC/50/24**

**Monthly Service Reconfiguration Progress Report and Forward Look**

Claire Connor the Associate Director Communications & Engagement, NHS Greater Manchester presented a report and explained that this would be a standing agenda item to a monthly update on proposed service redesign projects and consultation/engagement exercises across Greater Manchester. It highlighted projects currently undergoing engagement or consultation activities. The scope of the projects varied and not all would require full consultation, but it was important that the Committee retained oversight.

A Member enquired whether the project list was final. It was clarified that the list was a living document and would be updated to reflect project lifecycles, including new initiatives, ongoing progress, and pauses or cancellations. It provided a high-level and overarching overview which would allow the Committee to stay informed about the latest developments and request further details on specific projects as needed. Work would take place to make sure the document was manageable to read.

The Chair concurred that the document was a valuable tool, particularly given the anticipated volume of business and commended its use as a tracking mechanism.

**RESOLVED/-**

It was noted that Committee welcomed and endorsed the report.

Members considered a report presented by Sandy Bering, Strategic Lead Clinical Commissioner – Mental Health & Disabilities and Claire Connor, Associate Director of Communications & Engagement, NHS Greater Manchester, to update Committee on NHS Greater Manchester’s review of adult ADHD services focusing on addressing unmet need, and for public involvement in support of this work.

The report outlined the challenges of increasing demand for adult ADHD diagnosis and treatment in Greater Manchester, exceeding NHS capacity. It proposed two options to address this issue. The first prioritised urgent cases with assessments, while still offering support to everyone. The second offered everyone initial resources, then prioritised those needing more help. Both options used a triage system to assess patients and public feedback on these proposals would inform the future of adult ADHD services.

It was reported that the demand for ADHD assessments and diagnoses had risen significantly in Greater Manchester and nationally. In Greater Manchester there were approximately 20k adults on the waiting list to seek a diagnosis. Increased public awareness, partly due to social media interactions during the pandemic, had likely contributed to this. However, it was important to ensure accurate diagnoses and avoid misinterpretations of ADHD symptoms.

The Committee was informed that there had been a rise ADHD diagnoses with some USA states now reporting the condition affecting 14.5% of boys and 8% girls. A concern was expressed about the potential impact of prescribed medication and the need for clearer communication regarding ADHD, including its definition and potential long-term effects of being medicated.

Members were informed that the rise in waiting times, had prompted an increase in patients seeking assessment and diagnosis from private providers through the Right to Choose arrangements. However, concerns were raised regarding the comprehensiveness of support offered. Additionally, the growing demand for adult ADHD services had led to a corresponding increase in overall costs.

Members heard that General Practitioners (GPs) reported feeling overwhelmed by the demand for ADHD services. In some parts of Greater Manchester, wait times for referrals could reach eight years under the current pathway if no changes were implemented.

Attention was drawn to the safety concerns around the current model. Many patients referred by GPs faced lengthy delays in assessment. The first-come, first-served approach prevented prioritising urgent cases.

In terms of public involvement, Claire Connor, Associate Director of Communications & Engagement, NHS Greater Manchester explained that to inform their review of adult ADHD services, a public engagement exercise had been conducted between February and March 2024. Over 500 people with ADHD or were on waiting lists participated in surveys and focus groups.

Long wait times and a lack of communication emerged as major concerns with the current system. Participants also highlighted the importance of a diagnosis for accessing support services and expressed frustration with private options. Building on this feedback, a Lived Experience Group recommended two options.

The first option would be to prioritise urgent cases through face-to-face triage while offering wider support. This ensured those needing the most help received it sooner, even if they did not receive an immediate diagnosis. Support services would also be offered to those who did not qualify for immediate diagnosis. The second option offered everyone on the waiting list an initial offer before triage. Whilst both approaches used triage for prioritising support, the preferred first option focused on earlier intervention. This ensured those in greatest need received support sooner

and offered additional support to those who did not qualify for immediate diagnosis, rather than making it universally available. This targeted approach was felt to be able to maximise resource efficiency and most cost effective.

With the agreement of the Committee, the next steps would be the NHS England Service Reconfiguration Gateway process and notifying the Secretary of State for Health and Care. NHS Greater Manchester was keen to start consultation at the earliest opportunity to run for eight weeks. A Findings Report would be produced at the end of the consultation which would be followed by a decision of the NHS GM Investment Assurance Group.

Members were advised that the issue with ADHD services was a national and international concern. NHS Greater Manchester was supporting a National Task Force focussed on addressing the issues.

A Member enquired about adult ADHD treatments. While The National Institute for Health and Care Excellence (NICE) guidance acknowledged ADHD often began in childhood, it could persist into adulthood. Recommended treatments included educational skills, psychological counselling, talking therapies, peer support groups, Cognitive Behaviour Therapy (CBT), healthy sleep habits, and regular exercise. Medication was typically reserved for severe cases. However, there was an ongoing and concerning medication shortage threatened those who needed it most as a result of over prescribing. Scaffolding, a form of non-medication support, which stretched capabilities and developed new skills was suggested as the primary approach for most patients.

A Member raised a question about whether staff had the right training as it was key for improving ADHD services. It was reported that a significant investment of £1.24b over 15 years would be needed to develop the number of staff needed, recognising the need to address current staff shortages.

A Member asked about the GPs who were feeling overwhelmed. It was suggested that GPs were under pressure in a number of areas but, likely to be further inflated due to surging ADHD referral numbers. Consideration was being given to broader support within primary care to empower GPs in managing these referrals. The high cost of initial appointments (£1.5k) and concerns about unnecessary referrals and appointments pointed to a need for a more efficient system to ensure appropriate referrals.

A Member asked how the Voluntary, Community and Social Enterprise (VCSE) sector would be involved in addressing the issue. Members heard that the proposed service redesign was looking to expand its reach by involving the VCSE sector. The sector would ideally lead the broader service offering with support from NHS Greater Manchester. This collaboration would ideally involve investing resources and capacity building for local self-help support, creating a more comprehensive approach to ADHD services.

The NHS Greater Manchester ADHD proposed service redesign received positive feedback, with a Member commending the risk assessment included in the criteria. While they favoured the first option, the Member stressed the need for a swift risk assessment. This suggested a thoughtful approach to the redesign, balancing innovation with a focus on mitigating potential risks.

In terms of the next steps, a Member requested details and examples of the work taking place, particularly regarding vulnerable groups in the criminal justice system, facing substance abuse, and families as a whole. This emphasised the importance of offering triage, a wide range of services, and tailored support. Member's heard that NHS Greater Manchester's decision to be the first to consult highlighted the urgency. Previous challenges in other ADHD service areas, requiring intervention from the Secretary of State, underscored the need for a well-designed and effective redesign.

Questions about wait times and support for non-priority cases were addressed. The redesign proposed a Band 6 above level assessment within 30–40-minute appointments, with a target of 1,250 appointments offered initially. This aimed to significantly increase capacity from the current system, where triage was slow and appointments limited. NHS Greater Manchester was aiming for faster assessments under the first option, potentially within three months. A backlog and the need for risk assessments were acknowledged. Importantly, the redesign went beyond medication. It offered a wider offer including peer support groups and online therapies to address the needs of those who might not be prioritised for immediate assessment. This multi-pronged approach aimed to tackle wait times, provide alternative support structures, and ensured more efficient use of resources. Officers emphasised that not everyone needed medication, highlighting the need for a more nuanced approach.

A Member further asked about community involvement. It was advised that plans included peer-led support groups, where individuals could share experiences, as a valuable resource for adults with ADHD. Additionally, a large-scale public campaign aimed to educate the broader community about ADHD and alternative management options beyond medication. This multi-pronged approach aimed to foster both community support and individual empowerment.

Representation in the consultation process was a key concern raised by a Member and questioned the respondents were not representative of the community. The Member asked how NHS Greater Manchester was going to make sure the next version of the consultation encompassed a broad range of representation. It was highlighted that there would be regular checkpoints through the eight-week consultation process. Officers were working with the VCSE sector to help them reach the right people in the right places and to address the digital divide to reach people who did not have a voice. The importance of community outreach was highlighted when Members were asked to assist in reaching out to various groups.

Member's requested that they have sight of the consultation style with a contact plan when appropriate.

## **RESOLVED/-**

1. That it be noted that the contents of the report were noted.
2. That it be noted that the Committee supported proceeding to consult on the identified options, on the basis that the proposals constituted a substantial variation.
3. That it be noted that NHS Greater Manchester asked Members to assist in reaching out to various groups.
4. That it be noted that Member's requested sight of the consultation style with a contact plan when appropriate.

### **JHSC/52/24            NHS Greater Manchester In Vitro Fertilisation (IVF) Service Redesign**

Consideration was given to a report presented by Harry Golby, Associate Director of Delivery & Transformation and Claire Connor, Associate Director of Communications & Engagement, NHS Greater Manchester that updated the Committee on the plans for standardising access to IVF services across Greater Manchester and public involvement in this work.

Members were advised that NHS Greater Manchester was working to make IVF fairer. Currently, the number of funded cycles varied by location (1-3) and the plan was to standardise this number across the region. To obtain stakeholder input, NHS Greater Manchester had reviewed past public feedback and held new sessions. A Patient Advisory Group had also been created to consider guidance and policy. Next steps involved developing options for standardisation and evaluating them based on public feedback. There would then be a public consultation on the shortlisted options. The goal was a fair system where everyone in Greater Manchester had the same access to NHS-funded IVF cycles. It was recognised that changing the number of cycles for people who might be finding it difficult to get pregnant was a matter of great sensitivity as it was an often difficult and emotional pathway.

In terms of engagement and consultation, Claire Connor, Associate Director of Communications & Engagement, NHS Greater Manchester NHS Greater reported that work had built on past engagement efforts whilst acknowledging the need for updates and targeted outreach. Focused engagement activities from May to June 2024 addressed service gaps and explored public support for standardisation across the region.

A Member enquired about the discrepancy in the number of NHS and private IVF cycles, and questioned whether this disparity posed a further significant issue. It was reported that NHS Greater Manchester commissioned IVF services from two NHS and two private sector providers. While policy dictated that the private sector did not offer more IVF cycles than NHS Greater Manchester, a comparative analysis of cycle utilisation between the two sectors was recommended. A regulatory body oversaw both NHS and private IVF provision, and data collection between these sectors was underway.

A Member drew attention to the increased number of people traveling abroad for IVF treatment. Questions were raised about the availability of data on patient return, the level of NHS Greater Manchester support provided upon their return, the messaging around the potential risks of overseas treatment, and the financial implications of supporting patients who underwent IVF treatment abroad. It was explained that NHS Greater Manchester offered a specified amount of IVF treatment to patients. After exhausting these NHS-funded cycles, individuals had the option to pursue further treatment privately. Whilst the system allowed for this approach, there was no detailed data available within NHS Greater Manchester on patient pathways post-NHS treatment. Although a national regulator held some relevant information, specific clinical data on this matter was not available.

The level of counselling and support for individuals undergoing IVF treatment was raised. It was reported that whilst the current focus of the redesign was on the number of IVF cycles, it was acknowledged that this formed part of a broader effort to enhance the entire fertility journey. Given that IVF was often a final step in this



process, it could be particularly emotionally demanding. There was a growing recognition of the need to standardise the fertility pathway across Greater Manchester to improve overall patient experiences.

A Member asked about potential sex discrimination within the IVF process and enquired about measures to prevent it. It was acknowledged that distinct treatment pathways for same-sex couples were currently necessary, however, updates to NICE guidelines and a comprehensive policy review would take place at the right time. Members were reminded that the current focus of this piece of work was on the number of IVF cycles, rather than broader policy changes.

The Chair asked that the Committee be provided with regular IVF updates and further evidence to support the decision-making process for any standardisation.

#### **RESOLVED/-**

1. That it be noted that the Committee acknowledged the contents of the report.
2. That it be noted that the Committee confirmed that the review and proposals to standardise IVF cycles across Greater Manchester constituted substantial variation.
3. That it be noted that Members requested the comparable data of IFV cycles between NHS Greater Manchester and the private sector in a future IVF update.

#### **JHSC/53/24                      Committee Work Programme for the 2024/25 Municipal Year**

The Statutory Scrutiny Officer, GMCA presented to Members documents to aid work programming at the meeting.

- Annex 1 Draft Committee Work Programme for the 2024/25 Municipal Year
- Annex 2 Items to be Scheduled into the Work Programme

- Annex 3 Items Previously Considered by the Committee in 2023/24 and 2022/23
- Annex 4 Items to be considered by GM Districts in 2024/25

Members were reminded that this was a working document which would be updated throughout the year.

The Statutory Scrutiny Officer, GMCA informed Members that a dedicated Work Programme activity would be scheduled in the near future.

#### **RESOLVED/-**

1. That it be noted that the Work Programme be updated following the meeting.
2. That it be noted that a dedicated Work Programme activity would be scheduled in the near future.

#### **JHSC/54/24                      Dates and Times of Future Meetings**

All meetings would be held in the Boardroom, GMCA on the following Tuesdays at 10.00 am:

- 13 August 2024
- 10 September 2024
- 15 October 2024
- 12 November 2024
- 10 December 2024
- 21 January 2025
- 18 February 2025
- 18 March 2025

## Greater Manchester Joint Health Scrutiny Committee

**Date:** 10 September 2024

**Subject:** NHS Greater Manchester Chief Executive's Update

**Report of:** Mark Fisher, Chief Executive and Paul Lynch, Director of Strategy and Planning, NHS Greater Manchester.

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### Purpose of Report

The presentation (Appendix 1) serves as a statement of intent, outlining the significant challenges facing the health and care system in Greater Manchester, including a substantial financial deficit. It emphasises the need for a new approach to service delivery and announces a collaborative partnership with NHS England to develop a comprehensive improvement plan. Additionally, the report introduces the Fit the Future engagement plan, which aims to involve stakeholders and the public in decision-making, ensuring that the proposed changes are aligned with the needs of the community.

### Recommendations:

Members are asked to receive and note the presentation.

### Contact Officers

Jenny Hollamby, Senior Governance & Scrutiny Officer, GMCA

[Jenny.hollamby@greatermanchester-ca.gov.uk](mailto:Jenny.hollamby@greatermanchester-ca.gov.uk)

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Appendix 1

**Greater  
Manchester  
Integrated Care  
Partnership**

The logo consists of a horizontal bar with ten colored segments: teal, orange, maroon, cyan, green, magenta, purple, blue, red, and lime green.

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# NHS GM update

Mark Fisher, Chief Executive, NHS Greater Manchester

## Setting the scene – a recap



# Who we are

**NHS Greater Manchester** is in charge of making decisions about health services across the city-region and how we spend NHS money.

We are part of the **Greater Manchester Integrated Care Partnership**. Working with organisations such as hospitals, local councils, GP practices, pharmacists, dentists, voluntary, community, faith and social enterprise groups, and patient representatives Healthwatch, to plan, deliver and improve health and care services.



# Our challenges

- People are living longer, but also spending **more years in poor health**
- Living with long term health conditions - like high blood pressure, diabetes and mental illness - can affect quality of life and puts **more pressure on NHS services**
- With more people needing services than ever before, people are **waiting longer** for diagnosis and treatment
- The increasing cost of everything, and impact of the pandemic, means **there is not enough money** to continue to deliver everything that is currently offered in the same way
- Being efficient and productive to bring local NHS finances back to balance is one of our main challenges for 2024/25 – as well as supporting people to live long, healthy lives and to have great services that are easy to access with short waiting times





# Introduction

- We enter 2024/25 needing to address the most complex set of challenges that the health and care system in Greater Manchester has faced. The scale of the deficit is significant, but we are clear that we need to change what we do and how we do it.
- We are also working more closely with NHS England, who are providing additional support to deliver a single improvement plan
- We want to work with staff, stakeholders, people and communities across Greater Manchester to make the right decisions
- Our next step is to launch our 'Fit the Future' engagement plan

# What we're doing about it

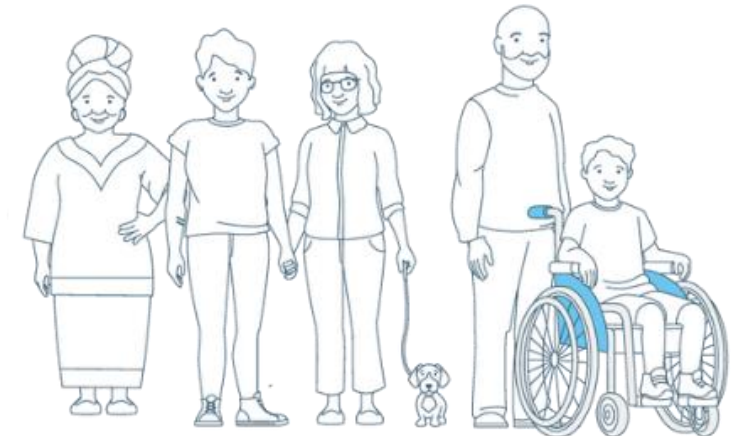
# An NHS Fit for the Future

- A phased approach to share and discuss these challenges and our plans, bringing people on the journey with us and being more informed on the challenges that face health and care services in Greater Manchester
- Following on from The Big Conversation in 2023 when we asked people across Greater Manchester what would make the biggest difference to their health and wellbeing and used this feedback to draft the Greater Manchester Integrated Care Partnership Strategy
- We want to create an NHS that is fit for the future for all GM residents, families and communities and focuses on improving people's health and wellbeing



# An NHS Fit for the Future

Running until autumn, this programme will allow us to take the public along with us on the journey towards achieving our population health, performance and financial goals; to give our staff, stakeholders and communities the opportunity to tell us what is important to them and what we should prioritise, and to increase awareness and understanding of the challenges we face.



To find out more about Fit for the Future and get involved, visit the [NHS GM website](#). If you have any further questions, please do not hesitate to contact us via [gmhscp.gm-stakeholders@nhs.net](mailto:gmhscp.gm-stakeholders@nhs.net)

# Sustainability plan – update

- We described at the previous meeting of Joint Health Scrutiny that we are developing a Sustainability Plan to address the unprecedented health and social care challenges we face in Greater Manchester.
- These challenges cover finance, performance, quality and population health. We have a significant underlying financial deficit; we need to do more to meet core NHS delivery standards; and the health of our population is projected to get worse
- We know that we need to change what we do and how we do it. We must do this to deliver on our responsibility to improve the health of our population – and to do this within the resources available to us
- We know that this will take longer than a single year, so the plan covers three years initially
- The draft Sustainability Plan will be presented to the NHS GM Integrated Care Board on 18 September.



## Sustainability Plan – update

We need to show *how* the system:

- **Both** returns to financial balance through addressing the underlying deficit
- **And** secures a sustainable future through addressing where demand on services is expected to increase and implementing new models of care year on year
- We know that we must fundamentally change our model of care for the system to be sustainable. We cannot solely rely on current cost improvement programmes within our NHS services as they are not sufficient to address the underlying deficit
- There is a need to act both on reducing the prevalence of poor health and to ensure we provide preventative, proactive care to stem further deterioration.



# Health and Growth: Four Initial Outline Offers to Government

1

**A Prevention First  
Approach**

2

**Skills, Work and Health**

3

**Advancing Health  
Innovation**

4

**Capital Investment and  
Regeneration**



# 1. A Prevention First approach

- We want to go even further with our integrated neighbourhood model – GM therefore offers the opportunity to test at scale national reforms in primary and social care. This would include connectivity with other public services, local VCFSE organisations and local political leadership as convenors of people in place. Our **Live Well model** is the perfect vehicle to deliver this.

For example, GM could rapidly **test and implement a new minimum wage for care workers** and **integrate our Live Well offer with primary care** to reduce demand on GPs arising from non-medical issues and drive down mental health waiting lists.

- To support this, we want to partner with Government to **expand the current Single Settlement to enable locally driven public service reform** that provides greater flexibility and innovation in how our systems of support deliver prevention. This would enable sustainable funding approaches to see *progress with unity* and encourage **more community-led approaches to prevention**.

Integrated Neighbourhood Level



Place Level



Integrated System Level



Community  
Power – Action – Wealth





## 2. Work and health

Devolve employment support currently delivered by Job Centre Plus (JCP) to GMCA. This means devolving the funding and delivery functions for all JCP/DWP grant and contracted employment support, and for NHS funding for employment support to also be devolved.

A mission led approach to growth, and to tackling barriers to opportunity requires place-based, joined-up delivery of public services. The Government's manifesto commits to devolving employment support. We've developed a proposal to devolve employment support, to bring it into the single settlement, and develop a work, health, and skills unit integrated with a new 'Live Well' model for GM.

### **Deliver more for the same £**

We can pool resources, assets, and investment across multiple agendas and agencies at sufficient scale to deliver impact.

### **Deliver transformational integration of the core public services**

Services must work together to help residents secure, enter, sustain and progress within work.

### **Reach more people**

Particularly 'harder to reach' groups that do not engage with DWP JobCentres, but who do often engage with other local services in the health system and local community

### **Avoid silos by designing provision with a multi-agency approach**

Often, national programmes are siloed in their own departmental outcome frameworks and would benefit from multi-agency approach

In the context of a Local Growth Plan, this would allow us to tackle binding constraints on the GM economy by bringing more people closer to the GM labour market and helping them progress into good work through targeted support



# 3. Advancing Health Innovation

Health innovation is one of the GM city region’s ‘frontier sectors’ owing to its strengths in integrated health and care, academia, digital and life sciences. Unlocking these strengths to address the drivers of population health and deliver economic growth are key priorities. Building on GM’s existing strengths and assets, there are four strategic areas of focus to outline to Government:

Health innovation in places	Life sciences ecosystem development	Academic accelerator	Accelerated life sciences market access
<p>Alongside the capital investments and development projects outlined, there is opportunity to develop next generation health innovation and wellness approaches for local people, using modern facilities underpinned by digital and multi-channel approaches, with embedded commercial property for life sciences, health care and wellness innovation, and housing.</p>	<p>GM has undertaken a robust analysis of its health innovation and life sciences ecosystem, identifying a significant cluster with high recent growth, but there remains a lack of clear specialisation and large businesses. We will prioritise key sectors building on existing strengths and drive growth through local and inward investment, to further GM’s position as a globally important life sciences cluster. This will include a focus on biologics manufacturing, a major global growth market.</p>	<p>Building on our GM academic and industry strengths, we last year secured investment from Innovate UK into an advanced diagnostics accelerator programme, which is delivering benefits for patients through specific projects and maturity of the academic- industry interface. This short-term funding is due to complete in March 2025, but we believe there are major opportunities to improve outcomes for local people and drive economic growth by furthering this approach within GM, under a devolved innovation settlement.</p>	<p>GM has all the ingredients to become a global life sciences superpower, with a focus on accelerated regulation, effective and efficient clinical trials, a learning market for pharma/medtech for real world evidence generation, and accelerated access for citizens to novel innovations at scale. This will require us to build on existing digital and data assets at population level, and strengthen links to industry partners to accelerate the pharma product lifecycle management process.</p>

**Outline offer and ask to Government:**

- Affirm GM’s aspirations to be a major global health and life sciences superpower to contribute to national and local economic growth, improve health of local people.
- Co-develop a GM sector specific plan with Government
- Further develop GM’s dialogue with national industry/innovation funding bodies to ensure optimal resource availability to pursue this ambition
- Progress freedoms under the devolution opportunities for better use of local funding to super charge these ambitions

# 4. Capital investment and regeneration

- Unlocking the potential of **NHS capital investment and new models of care as part of wider regeneration and place development**. This can act as a driver of economic growth – creating good quality jobs and providing suitable sites for building new homes.
- Using the formalised relationship between health, the housing sector and GMCA to test innovative approaches that **connect housing, health and care to reduce demand on services and boost growth**. This includes upscaling delivery of Supported Housing and working with Government to implement the Warm Homes Plan – in conjunction with other Retrofit Programmes and Decent Homes.
- We want to work in partnership with Government to accelerate the work we have underway to **reform the children’s social care market** through access to additional capital funding.
- Access to national NHS capital pipelines remains problematic with a disjointed capital application system. We want to work with Government to **find new ways for ICSs to access capital** on a consistent basis and deploy it to boost growth.



# Single Improvement Plan

- Now working more closely with NHS England to deliver a single improvement plan outlining a set of formalised agreed actions on four categories (or pillars):
  1. **Leadership and governance** – improve how we work together to make decisions and lead our health and care system
  2. **Performance and assurance** – put solid plans in place to meet our constitutional standards both now and in the long term
  3. **Financial sustainability** – make the most of the money allocated to Greater Manchester to bring our finances back into balance
  4. **Quality of Care** – approach patient safety consistently, and make improvements to access and experience of care, putting patients and their families at the heart of the improvements we make
- This will build and strengthen the quality standards and assurance we already have in place
- A NHS GM programme team is delivering the plan, overseen by a Board chaired by NHS England’s regional director, providing us with additional support and resources to help us make further progress.



# Single Improvement Plan – the 4 pillars

## Leadership and Governance

- Deliver recommendations from leadership and governance review
- Implement the Good Governance Institute well led review
- Undertake gap analysis on our capability to work as a system
- Develop and implement system owned culture, values and beliefs

## Financial Sustainability

- Robust assurance and oversight on delivery of annual financial plan
- Transition into an effective Finance and Performance Recovery process
- Develop three year plan to address underlying financial deficit position
- Clarify system commissioning intentions and implement

## Performance and Assurance

- Stress testing the system and provider operational plans
- Identifying drivers of performance and implementing plans to address them
- Developing sustainable services for the future
- Identify and spread best practice and minimum standards of delivery

## Quality

- Implement robust approach to provider oversight
- Align GM system and locality assurance processes
- Develop and implement approach to clinical quality and improvement
- Implement a comprehensive GM approach to patient safety

Each element of each pillar has a detailed improvement plan behind, which will be monitored through the system improvement process

# Performance – current position

- **A&E 4-hour target** – steady improvement being made, however performance in July was 68.6% below target of 71.6%. Performance to 26 August seen an increase to 69.9%
  - Delivery of operational plans **in category 2 ambulance response times** - exceeding national targets.
  - Increased percentage of patients receiving a **faster diagnosis of cancer** - exceeding target with end June position at 77.2% against a target of 74.6%.
- The percentage of people waiting **62 day for first cancer treatment** has seen an improvement in June to 67.6% against a target of 68.2%
- In June, the number of patients over **65 weeks** was slightly above plan. Local data suggests this number is now reducing although there remains a risk to delivering no over 65 week waits by the end of September.
  - **Mental Health Out of Area Placements** – Improving trend. Current month to date figure at 81 against an end of August plan of 73.
  - **6 week wait diagnostics** - performance for June also improved
  - Availability of **GP appointments** – monthly GP appointments now at c. 1.5m, 15% higher than same period 2023



# Performance – current position

**Implementing the 24/25 plan** – we have identified performance challenges and for these higher risk areas, performance improvement plans (PIPs) have been developed. PIPs were presented to NHS GM's Quality and Performance Committee and updates will be reported monthly to NHS GM's Performance Improvement and Assurance Group. Ongoing scrutiny of provider plans is via the newly established provider oversight groups and the place-based assurance meetings. Each programme/provider has identified risks and has mitigating actions within their PIPs.

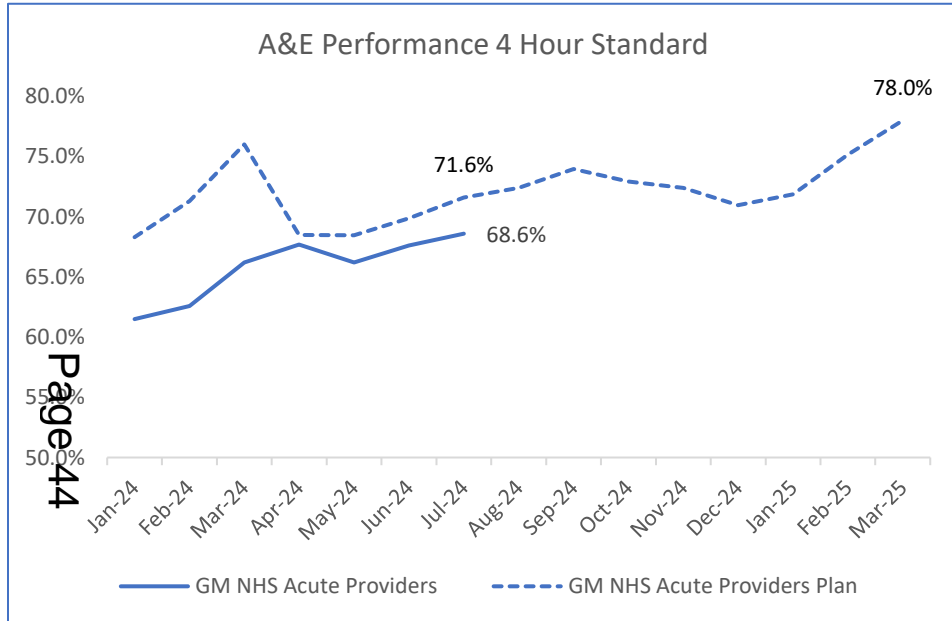
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Thematic risks across all plans include:

1. **Workforce**
2. **Demand**
3. **Industrial action**
4. **Productivity**
5. **Financial constraints**
6. **Estates**



# Performance – urgent and emergency care (UEC)



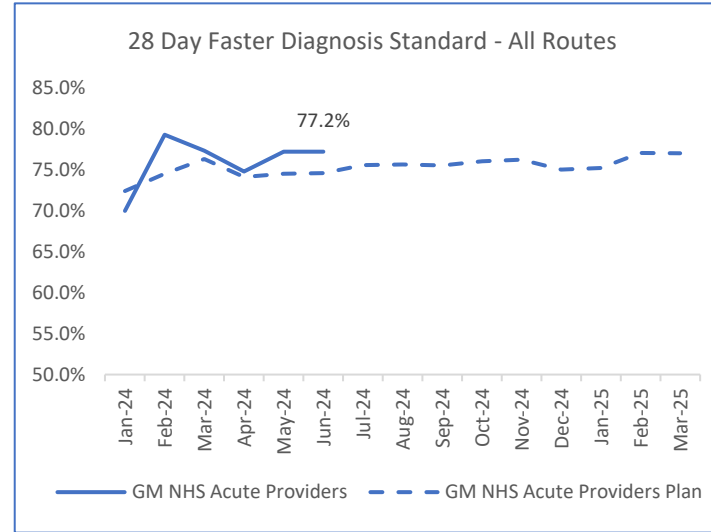
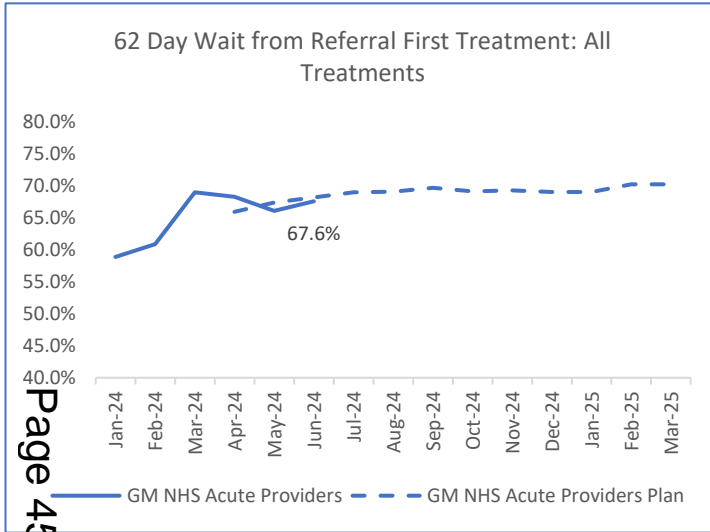
## Key elements of the Performance Improvement Plan:

- Wider support
- System Coordination Centre
- Care coordination
- Ambulance handover
- Capacity & Discharge schemes
- Development of 3 year Urgent and Emergency Care Plan
- Review of UEC system governance

- **Ambition to deliver 78%** - the system is planning to deliver the national target of 78% by March 2025. This has been identified as a risk.
- **Current position on 4hr target** – steady improvement being made, performance in July was 68.6% below target of 71.6%. Performance to 26 August has seen a further increase to 69.9%
- **Maintain G&A beds** - the GM system is planning to deliver on average the same number of G&A (General and Acute) beds across 23/24 as 24/25 and to continue to maintain bed occupancy below 92%
- **Deliver Category 2 ambulance performance** - expected to remain within the standard.
- **Improvement plans** – system plans being refreshed through, includes review by Quality and Performance Committee & System Improvement Board.
- **Risks** – achieving 78% is a significant risk. Increase in demand is contributing along with wider pressures e.g. Mental Health system, impacting on UEC



# Performance – cancer



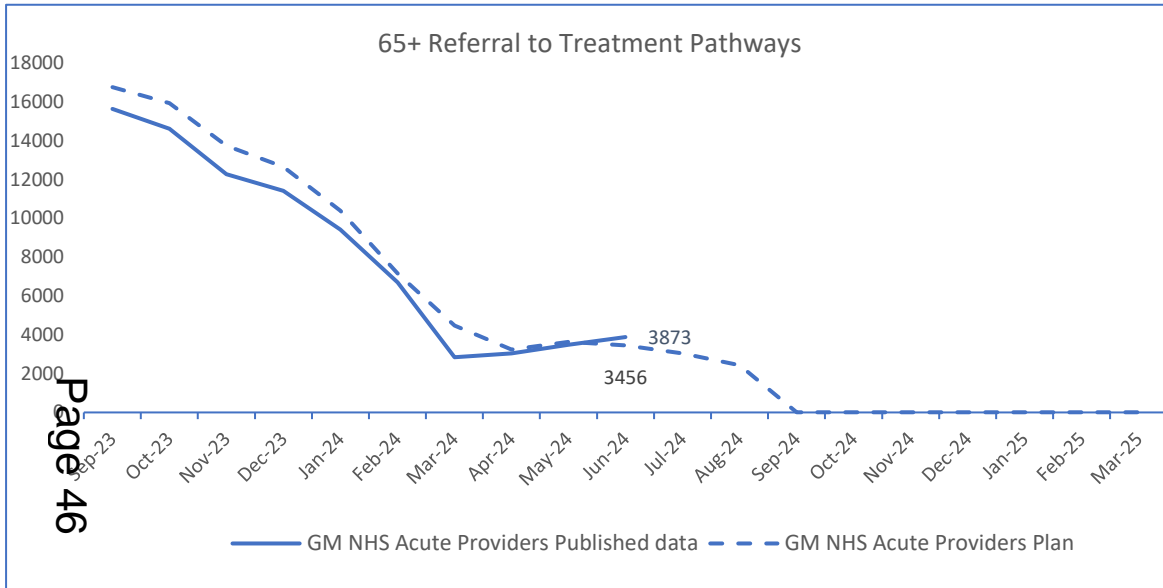
## Key messages

- **62 days RTT (Referral to Treatment)**– Performance increased in June to 67.6% against a plan of 68.2%.
- **Above target for FDS (Faster Diagnosis Standard)** – performance remained stable in June and is currently above target for June (77.2% compared to target of 74.6%)
- **Performance Improvement Plan** – Key focussed areas already developed and moving to implementation phase.
- **Waiting time growth** - The key risk in cancer waiting times is the continued demand growth of 7% a year, with a consistent conversion rate to positive diagnosis.

## Key Focus Areas

- 3 accelerated improvement plans
- The 24/25 Cancer Alliance planning ambitions
- Stratified follow ups - embed personalised stratified follow ups for cancer to facilitate release of clinical time.
- Health economics approach
- Fit for the future assessment – horizon scanning for diagnostic and treatment pathways, increased use of genomics in pathways, capacity and demand assessments for key services, prepare operationally for increased treatment of lower stage cancer

# Performance – elective (planned) care



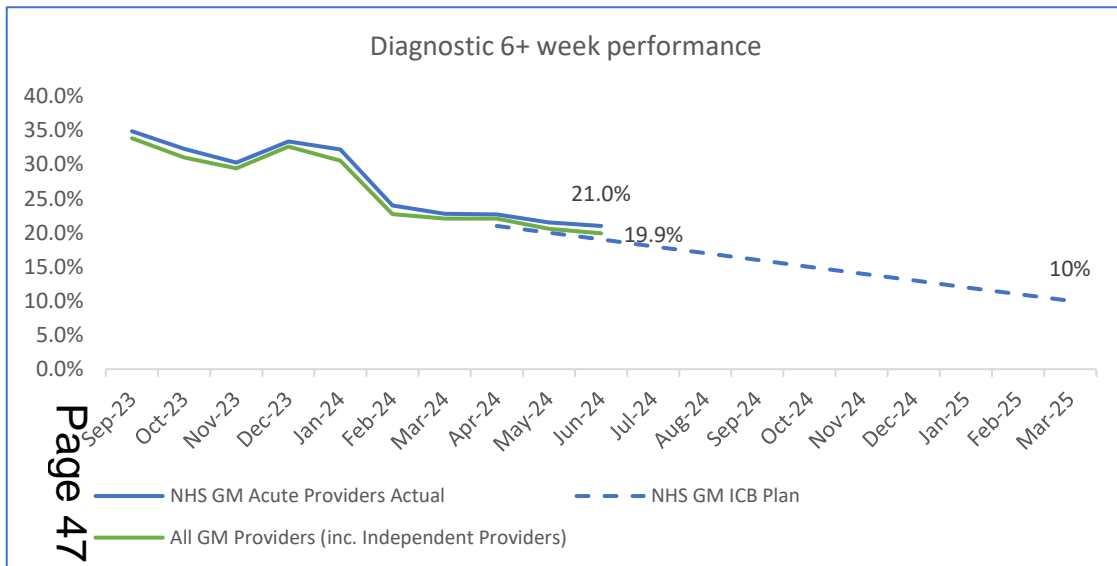
## Key messages

- **Eliminate long waiters** - GM plans to eliminate 78 week waits as soon as possible (except for agreed exceptions) and 65 week waits by September.
- **Current 65 week waits** – in June the number of patients over 65 weeks was slightly above plan. Local data suggests this number is now reducing although there remains a risk to delivering no over 65 week waits by the end of September.
- **ERF (Elective Recovery Fund)** - GM planning c 107% and expecting £44m of additional income.
- **Elective waiting list** - key specialties of concern including dermatology and gynaecology are being addressed through GM’s sustainability programme.

## Key elements of the Performance Improvement Plan:

- Optimised Outpatient/Productivity
- Improving Theatre Productivity
- Mutual Aid
- Capacity and demand model

# Performance – diagnostic



## Key messages

- NHS GM has an agreed target with NHS England for no more than 10% of people waiting in excess of 6 weeks for diagnostic tests (across all DM01 tests and not limited to the subset included in the planning guidance) by the end of March 2025.
- Performance continues to steadily improve.
- Modelling - indicates without additional capacity and new ways of working demand will outstrip capacity. Provider and test level trajectories are currently being refreshed as part of the stress testing process.

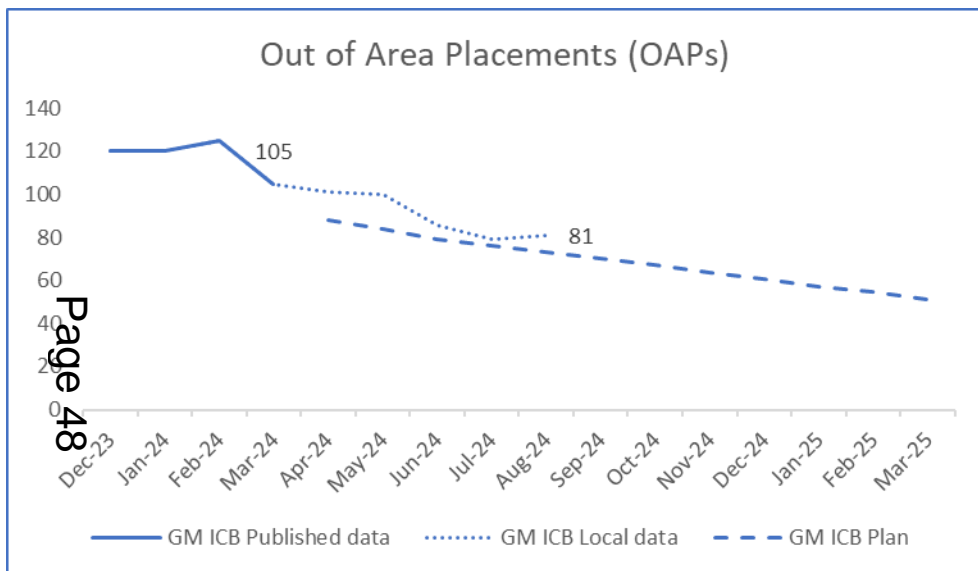
## Key elements of the Performance Improvement Plan:

- Maximising use of technology
- Maximising use of Community Diagnostic Centres (CDCs)
- Redesign and transformation – focused work on sleep studies, pathology operating model and portable diagnostics, continue delivery of Aseptic Pharmacy scheme and agreement of other Pharmacy transformation schemes.
- Productivity - KPIs agreed across imaging, endoscopy and pathology aim to improve productivity and minimise variation.
- Mutual Aid - Implement the standard operational process to support mutual aid between trusts.

# Performance – mental health

## Key messages

- Despite financial pressures, the system is planning to deliver the MHIS targets
- Targeted savings programme linked to existing investment and performance oversight to ensure a reduction in OAPs expenditure 24/25.
- Improving trend. Current month to date figure at 81 against an end of August plan of 73.
- OAPs plan - a triangulated approach for quality, finance and performance to ensure we achieve our target and financial position for 24/25.



## Performance Improvement Plans:

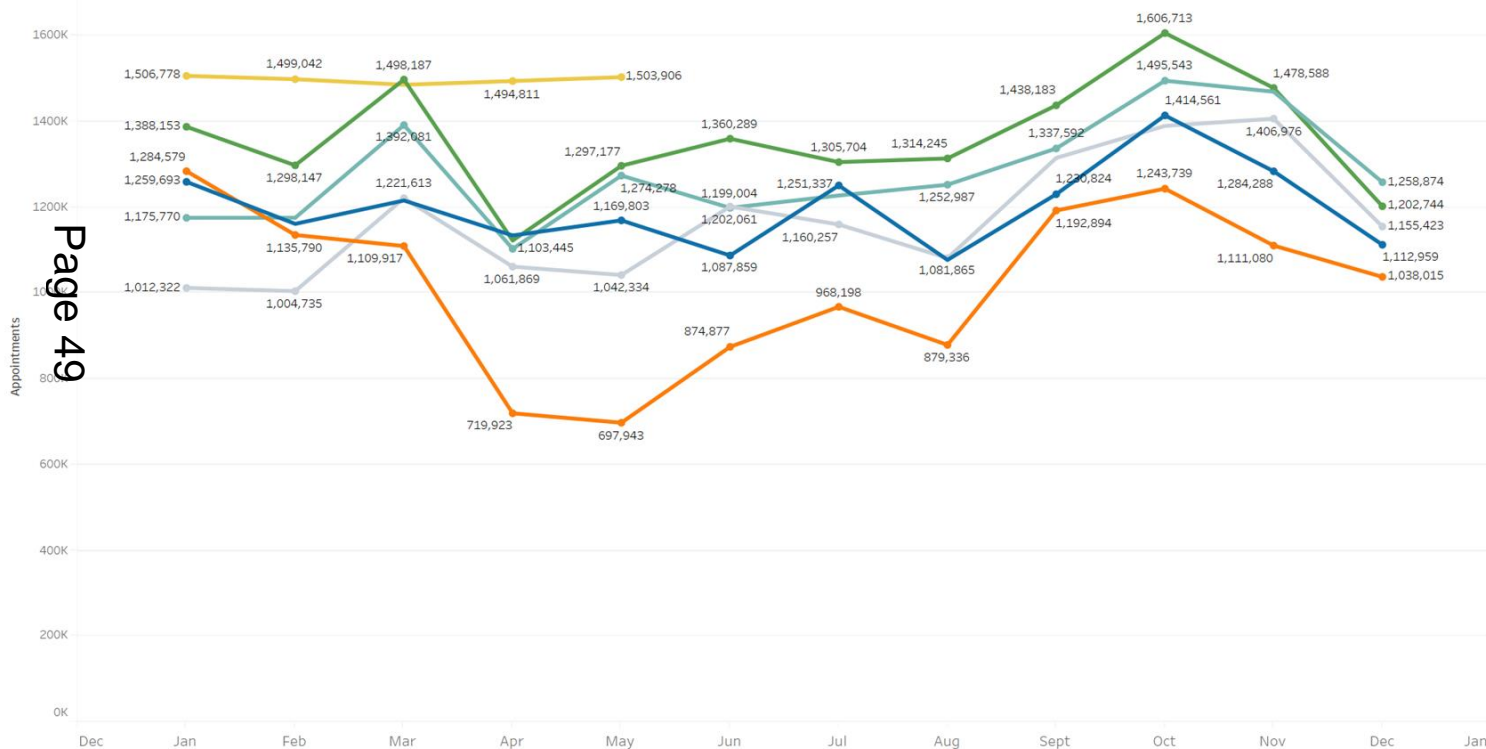
Focused on reducing inappropriate Out of Area Placements (OAPs) to improve quality and experience for people as well as reducing costs related to OAPs. Comprehensive improvement plan has been put in place.

# Performance – primary care

## Monthly GP appointments

Year on Year Change

2019 2020 2021 2022 2023 2024



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### Key messages

- Access – the number of appointments through general practice across GM has remained high at c1.5m per month an increase of 15% compared to the same period in 2023
- Pharmacy First service – In addition to the increased numbers of appointments being delivered through general practice, community pharmacy services across GM have significantly stepped up to deliver Pharmacy First service
- Primary Care Access Recovery programme – for GP appointments being delivered within 14 days NHS GM is mid-table across national ICBs
- Improvement programme – there is ongoing work to address unwarranted variation across GM Localities, PCNs and practices, not least through the GP Improvement Programme.
- GM working group – established to deliver this programme locally, working collaboratively across primary care commissioning teams and the Primary Care Provider Collaborative (using the established GP Excellence programme) to engage, facilitate and support practices

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## Greater Manchester Joint Health Scrutiny Committee

**Date:** 10 September 2024

**Subject:** Monthly Service Reconfiguration Progress Report and Forward Look

**Report of:** Claire Connor, Associate Director of Communications and Engagement,  
NHS Greater Manchester

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### Purpose of Report

To set out the service reconfigurations currently planned or undertaking engagement and / or consultation.

### Recommendations:

The Joint Health Scrutiny Committee is requested to:

1. Review the report and highlight any projects they require further information on at this time.

### Contact Officers

Claire Connor, Associate Director of Communications and Engagement, NHS Greater Manchester, [claire.connor@nhs.net](mailto:claire.connor@nhs.net)

Report authors must identify which paragraph relating to the following issues:

### **Equalities Impact, Carbon and Sustainability Assessment:**

Not applicable

### **Risk Management**

This report is to support the risk management of service redesign, ensuring that JHSC has opportunities to review and comment on planned changes.

### **Legal Considerations**

This report is part of the discharge of NHS Greater Manchester's legal duties to engage with scrutiny committees on to consult local authorities on substantial service changes that affect their population (Health and Social Care Act 2006, section 244 and the Local Authority Regulations 2013, section 21).

### **Financial Consequences – Revenue**

Not applicable

### **Financial Consequences – Capital**

Not applicable

### **Number of attachments to the report: 0**

### **Comments/recommendations from Overview & Scrutiny Committee**

Not applicable

### **Background Papers**

Not applicable

### **Tracking/ Process**

Does this report relate to a major strategic decision, as set out in the GMCA Constitution

No



**Exemption from call in**

Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency?

No

**GM Transport Committee**

Not applicable

**Overview and Scrutiny Committee**

10<sup>th</sup> September 2024

## 1. Introduction/Background

This paper provides an overview of the Greater Manchester wide service redesign projects currently progressing through for engagement and/or consultation. Not all the projects are substantial and therefore not all will be subject to full consultation.

The list of projects will change as projects begin, progress, or are paused or cancelled.

This report will be updated every month to allow JHSC to stay up-to-date with the latest position and to request further information as required.

## 2. Projects

<b>Project and anticipated level of engagement</b>	<b>Current stage</b>	<b>Overview</b>
<b>Adult ADHD</b> <i>Proposed consultation</i>	NHS England review	There are currently long waiting times for adult ADHD diagnosis services. Engagement has been completed, along with options appraisal and the first stage of the NHS England assurance process has been successfully completed. We are currently planning for the second stage of the assurance process and the consultation.
<b>Children's ADHD</b> <i>Engagement followed by possible consultation</i>	Engagement planning	There are currently long waiting times for children's ADHD diagnosis services. Engagement is currently being planned to understand the current experience of the service and the needs of the people who use it. It is due to launch early September and will run for a minimum of 8 weeks. Date of JHSC: to be confirmed
<b>IVF cycles</b> <i>Proposed consultation</i>	Options appraisal and NHS England review	The number of IVF cycles offered across Greater Manchester varies depending on where people live. This service redesign is looking at a policy that is equitable across Greater Manchester. Engagement has been completed, and options appraisal is beginning. This is progressing through the first stage of the NHS England assurance process. Date of JHSC: 16 <sup>th</sup> July 2024

<p><b>Specialised commissioning cardiac and arterial vascular surgery</b></p> <p><i>Engagement followed by possible consultation</i></p>	<p>Engagement planning</p>	<p>The pathway of a very small numbers of patients who need urgent and specialist cardiac or arterial vascular surgery is being reviewed. This covers patients who use hospitals provided by the Northern Care Alliance. Patients may end up at a different location following the service review. Engagement is currently being planned.</p> <p><b>Date of JHSC: to be confirmed</b></p>
<p><b>Specialist weight management</b></p> <p><i>Engagement followed by possible consultation</i></p>	<p>Engagement</p>	<p>The tier 3 specialist weight management service supports people living with very high BMIs. There are currently different service levels across Greater Manchester.</p> <p>Early engagement has begun which is due to continue into October – November 2024.</p> <p>Date of JHSC: to be confirmed</p>
<p><b>Diabetes structured education</b></p> <p><i>Engagement</i></p>	<p>Engagement planning</p>	<p>The offer and uptake of diabetes structured education varies across localities. This project is looking at whether there is the potential to create a standardised offer.</p> <p>Date of JHSC: to be confirmed</p>
<p><b>Children’s autism</b></p> <p><i>Engagement</i></p>	<p>Analysis of engagement work to date</p>	<p>Children’s autism service pathways are being reviewed.</p> <p>Date of JHSC: to be confirmed</p>
<p><b>NW Women &amp; Children’s Transformation Programme</b></p> <p><i>Engagement followed by possible consultation</i></p>	<p>Preparing options appraisal</p>	<p>The NW Women &amp; Children’s Transformation programme aims to translate several national reviews and associated standards related to Neonatal Critical Care; Paediatric Critical Care; Surgery in Children; and Children and Young People (CYP) with Cancer into an operational plan for the North West.</p> <p>NB: North West footprint for this work, scrutiny arrangements are to be agreed.</p>

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## Greater Manchester Joint Health Scrutiny Committee

**Date:** 10 September 2024

**Subject:** Greater Manchester Approach to Obesity Prevention

**Report of:** Jane Pilkington, Director of Population Health NHS Greater Manchester, Deborah Blackburn, Director Childrens Commissioning, Nursing and Wellbeing Salford City Council and Sara Roscoe, Head of Primary Care Transformation, NHS Greater Manchester

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### Purpose of Report

The committee requested a report on the Greater Manchester approach to obesity prevention, with a focus on key strategies and initiatives being implemented through whole-system partnerships and collaboration. The accompanying slides (Appendix 1) set out headline obesity rates, their impact, and the complex drivers at the root cause. They provide an overview of the current work and plans to reduce rates of obesity across Greater Manchester, showcasing healthy weight initiatives in action and a good practice case study from Salford City Council on promoting healthy lifestyles in early years.

### Recommendations:

The Committee is requested to note the current challenges around tackling obesity, and the initiatives underway to reduce prevalence rates at GM and local levels, whilst supporting people into effective treatment.

### Contact Officers

Jane Pilkington, Director of Population Health, NHS Greater Manchester:

[jane.pilkington1@nhs.net](mailto:jane.pilkington1@nhs.net)

Deborah Blackburn, Director Childrens Commissioning, Nursing and Wellbeing

[deborah.blackburn@salford.gov.uk](mailto:deborah.blackburn@salford.gov.uk)

Sara Roscoe, Head of Primary Care Transformation, NHS Greater Manchester

[sara.roscoe@nhs.net](mailto:sara.roscoe@nhs.net)

## Background Papers

- Information on obesity profiles and prevalence provided in England by Greater Manchester, North West region and national comparisons: [Fingertips | Department of Health and Social Care \(phe.org.uk\)](#)
- National plans to tackle obesity: [Government plans to tackle obesity in England – Department of Health and Social Care Media Centre \(blog.gov.uk\)](#)
- Cost of obesity in Greater Manchester: [healthinnovationmanchester.com/wp-content/uploads/2024/06/UK\\_Obesity\\_Healtheconomicreport\\_ManchesterReimagining\\_Dec23\\_PP-MG-GB-0461.pdf](#)
- Greater Manchester Strategy and ICP strategy: <https://aboutgreatermanchester.com/media/jlslgbys/greater-manchester-strategy-our-plan.pdf> <https://gmintegratedcare.org.uk/wp-content/uploads/2023/06/gmicp-health-and-care-strategy.pdf>
- Related healthy weight GM strategies: [FINAL-Good-Food-GM-Vision-Detailed-Version\\_June\\_22.pdf \(gmgreencity.com\)](#) [Greater Manchester Food Security Action Network \(gmfsan.net\)](#) [gm-moving-in-action-gm-moving-strategy-2021-31.pdf \(gmmoving.co.uk\)](#)

## Tracking/ Process

Does this report relate to a major strategic decision, as set out in the GMCA Constitution

No

### Exemption from call in

Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency?

No

### GM Transport Committee

N/A

### Overview and Scrutiny Committee

N/A

## 1. Overview

The accompanying slides provide a headline overview of obesity and overweight prevalence data in Greater Manchester (GM), and the associated activities to reduce the number of adults (18+) and children (reception and year 6 age), considered obese and overweight. The slides start by summarising the complex system and drivers associated with obesity, and the whole-system approach needed to champion action at individual, environmental and societal levels – to create a Greater Manchester where healthy weight is the default for all.

The slides then summarise the current and planned work to improve healthy weight in GM, and how the system benefits from co-ordinated expertise, oversight, and coordination of the GM Population Health Committee and GM Public Health Leadership Group which includes a range of multidisciplinary partners from across the system. Slides showcase our approach to enable GM residents to eat well and move more and ensure people can access the support and care they need. Several initiatives are included to showcase healthy weight interventions in action, including a good practice case study from Salford City Council and their Promoting Health in Early Year's pilot. Also included is the latest review of Tier 3 Adult Specialist Weight Management Provision and its role in helping to reduce variation of services pan-GM, increasing accessibility and sustainability of treatment and support.

The slides conclude with a summary of the challenges in tackling obesity, both nationally and locally, and the opportunities to support improvement and transformation moving forward.

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# Appendix 1

**Greater  
Manchester  
Integrated Care  
Partnership**

The logo for Greater Manchester Integrated Care Partnership features a horizontal bar with nine colored segments: teal, orange, maroon, cyan, green, magenta, purple, blue, and red.

## Enabling a whole system approach to healthy weight

GM Joint Health Scrutiny Committee

Presented by:

Jane Pilkington, Director of Population Health NHS Greater Manchester  
Deborah Blackburn, Director of Childrens Commissioning, Nursing and Wellbeing Salford  
City Council  
Sara Roscoe, Head of Primary Care Transformation, NHS Greater Manchester

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- Our whole system approach
- Healthy weight strategies
- Healthy weight initiatives in action
  - Food insecurity
  - Food systems
  - Physical activity
  - Healthy environments and commercial determinants of health
- GM obesity prevention pathway and Tier 3 services
- Salford pilot case study
- Shared learning
- Opportunities and challenges

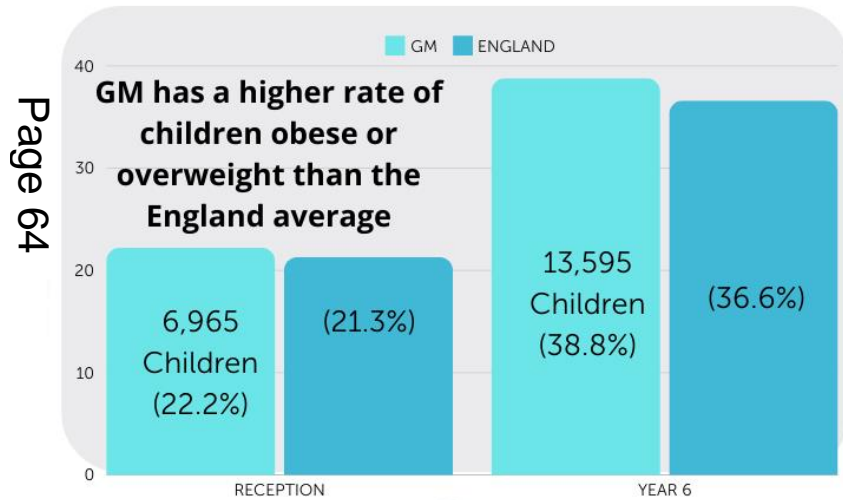
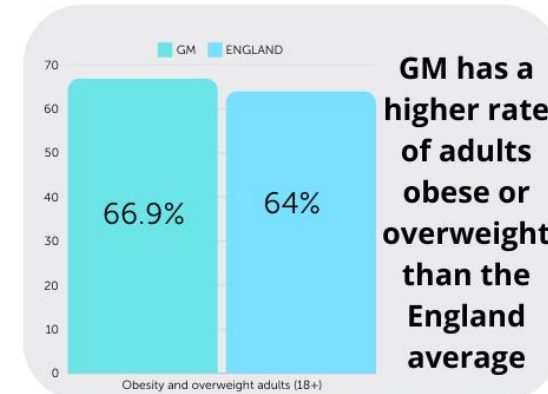



# The challenge


# The challenge: Obesity prevalence


 Obesity has become a **global epidemic** and is one of today's most **challenging public health problems** worldwide.


 **309,184 (12.3%)** of adults in Greater Manchester are living with obesity compared to 11.4% nationally



**8/10** Local Authorities   
Have an overweight and obesity prevalence amongst Year 6 children **greater than the national average (36.6%)**.

Estimated over **50%**   
Increase in childhood obesity levels in Greater Manchester by 2040.

 Obesity poses a major risk for a variety of serious diseases including diabetes, cardiovascular disease, hypertension and stroke and certain forms of cancer.

 **£3.2 billion**  
The estimated cost associated with obesity in Greater Manchester is **£3.21 billion per year**.

# The challenge: Obesity and deprivation



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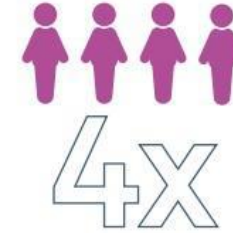
There are  
**2.8**  
million people  
in GM

**1.1 million** of these  
residents live in the  
**most 20% deprived**  
areas of the UK



**Obesity rates are highest from children in deprived areas and this is getting worse**

The poorest children are **four times** as likely to have a mental health difficulty as the wealthiest<sup>a</sup>



**1/3 of the GM population are children and young people (CYP) around 1 in 4 live in poverty**

**Young people in Greater Manchester**, participating in **#BeeWell** (a programme that annually measures the wellbeing of young people across Greater Manchester) have indicated

In 2021, the **average life satisfaction and mental wellbeing** scores of young people across Greater Manchester were

**lower** than those of young people in **England** (in studies using the same measures as in #BeeWell)



**16% of young people** responding to the 'Me and My Feelings' measure reported a high level of emotional difficulties and are likely to need significant additional support

**16%**

**40% of respondents had a food security level classified as 'low' or 'very low'**

and have experienced **food insecurity in the last twelve months**. Food security is where people are confident that they can access a sufficient amount of affordable, nutritious food.



# The challenge: No single driver and no single fix

- Obesity is the result of a complex web of interlinking drivers and influences across the entire system of our lives.
- **Page 66** To tackle obesity effectively we need a whole system approach that involves bringing all stakeholders together in partnership, to champion action at individual, environmental and societal levels – creating a Greater Manchester where healthy weight is the default for all.

**Tackling obesity is everyone's business.**



# Our whole system approach

# Whole system approach: Good lives for all

**“We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region”**

*Greater Manchester Strategy*

**GREATER MANCHESTER**  
DOING THINGS DIFFERENTLY

Greater Manchester Strategy 2021–2031  
*good lives for all*

Summary



Greater Manchester Strategy 2021–2031

“We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer, more prosperous city region.”

2

This Greater Manchester strategy sets out a route, over the next decade, to deliver this vision for the benefit of our people, our places and our planet.

We will look through the triple lens of a greener, fairer and more prosperous Greater Manchester, making sure activity supports all three themes.

Working collectively across our city region, with our communities, we will focus on improved wellbeing for the 2.8m people here, with better homes, jobs and transport.

We'll do it in a way which is inclusive, innovative and forward thinking, building on the pioneering and progressive culture which underpins our city region.

We will continue the work to make Greater Manchester a great place to visit, invest and study, with thriving businesses which are UK and world leading, in sectors including low carbon and digital.

And we'll make sure we can be held to account, with a delivery plan showing the collective actions we are taking, and a performance framework to demonstrate progress.

**2.8m**  
We will focus on improved wellbeing for the 2.8m who call Greater Manchester home.





# Whole system approach: 6 ICP missions



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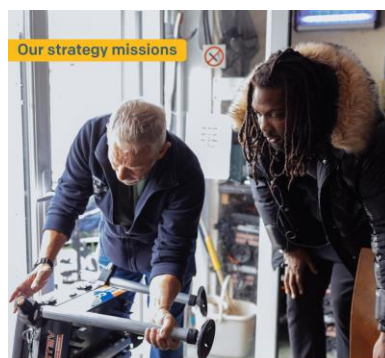
## Strengthen our communities

We will help people, families and communities feel more confident in managing their own health



## Recover core health and care services

We will continue to improve access to high quality services and reduce long waits



## Help people get into, and stay in, good work

We will expand and support access to good work, employment and employee wellbeing



## Help people to stay well and detect illness earlier

We will work together to prevent illness and reduce risk and inequalities



## Support our workforce and carers at home

We will ensure we have a sustainable, supported workforce including those caring at home



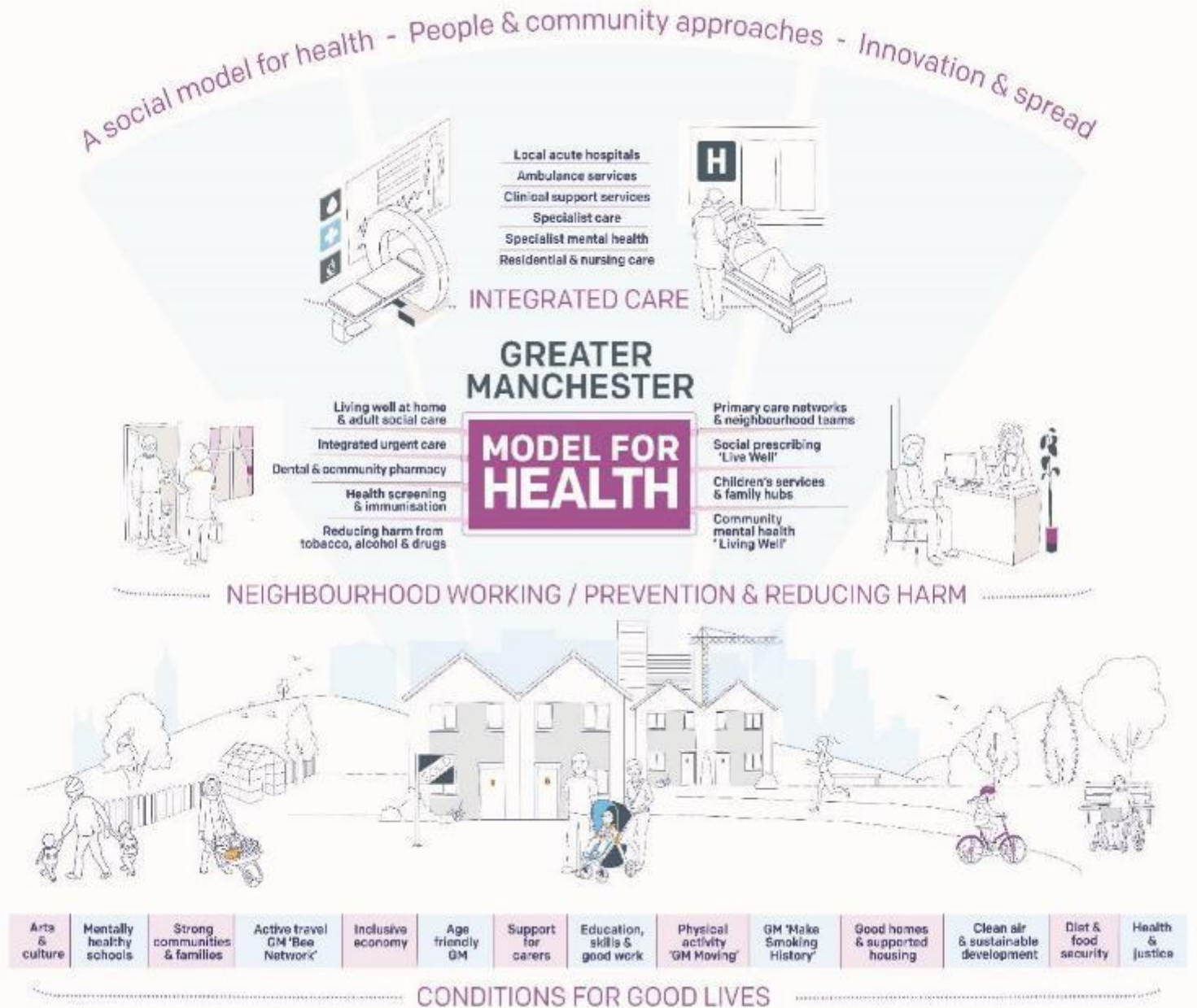
## Achieve financial stability

We will manage public money well to achieve our objectives

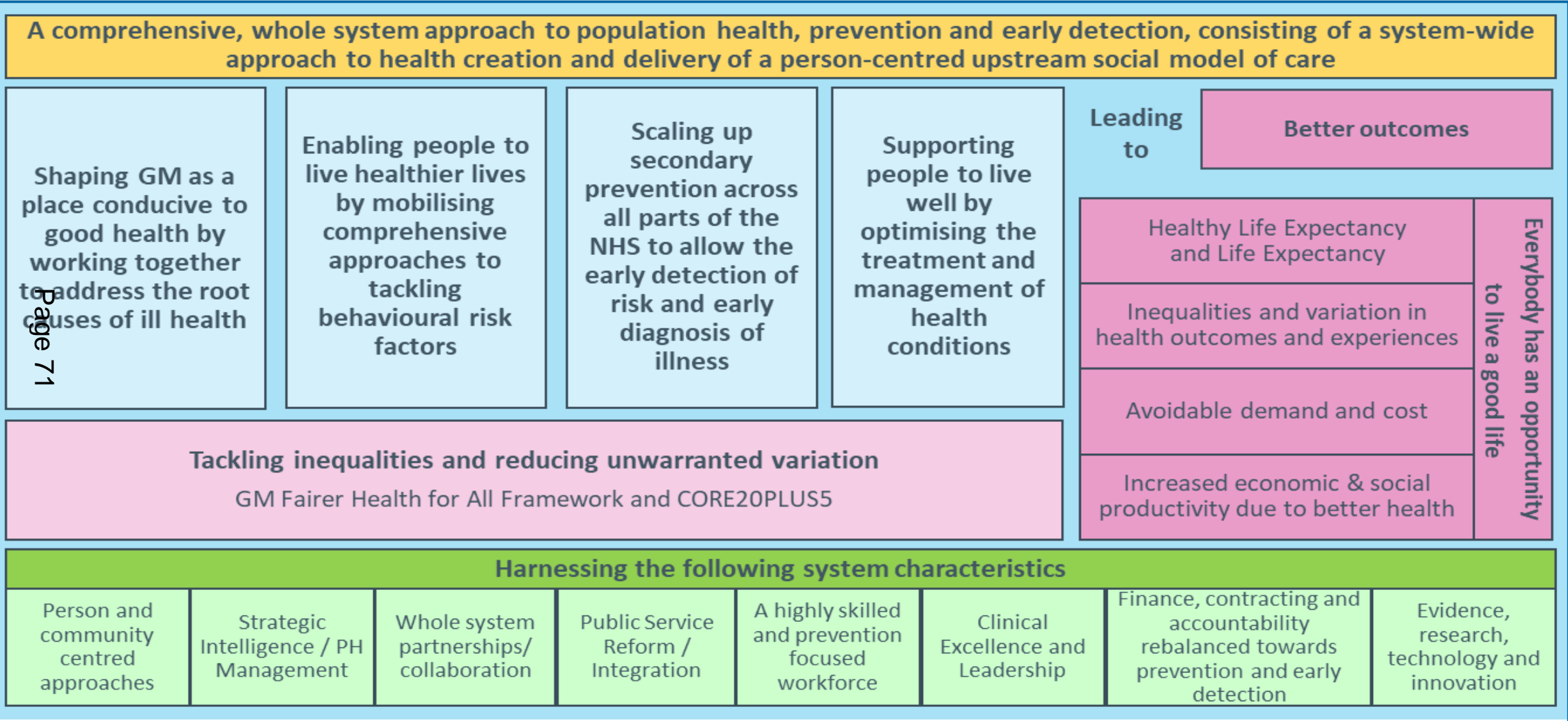


# Whole system approach: Social model for health

- Working together to address root causes of ill health
- Comprehensive approaches to tackling risk factors
- Upscaling secondary prevention across all parts of the NHS
- Treatment and management of health conditions



# Whole system approach: GM prevention and early intervention framework



# Governance and networks

# Whole system approach – GM Population Health Governance



Greater Manchester

## GM Integrated Care Board

Overall responsibility for the provision of health and care (including Population Health) across GM



## GM Population Health Committee

Delegated responsibility for discharging the Population Health and Public Health Responsibilities of NHS GM

Providing leadership around our ambition to be a Population Health System

Page 73

Bringing together: NHS GM / GMCA / GM Public Health Leadership Group / VCSFSE Sector / Local Government / Gm Alternative Provider Collaborative / Housing Providers / UK Health Security Agency / Office for Health Improvement and Disparities / NHSE NW / Transport for Greater Manchester / GM Reform Board / GM Clinical Effectiveness and Governance Committee / GM Primary Care Provider Collaborative / GM Trust Provider Collaborative / GM NIHR Applied Research Collaborative / Health Innovation Manchester



## GM Population Health Advisory Group

Providing advice and guidance to the GM Population Health Committee

Bringing together: NHS GM / 10 x Locality Representatives / / GM Public Health Leadership Group / VCSFSE Sector



## Population Health Delivery Groups

Oversight of key programmes of work within the Population Health Business Plan 2024/25

# Whole system approach – GM Population Health Leadership Group



Greater Manchester

## GM Population Health Leadership Group

Bringing together key Population health leaders from across GM as an integrated leadership team.

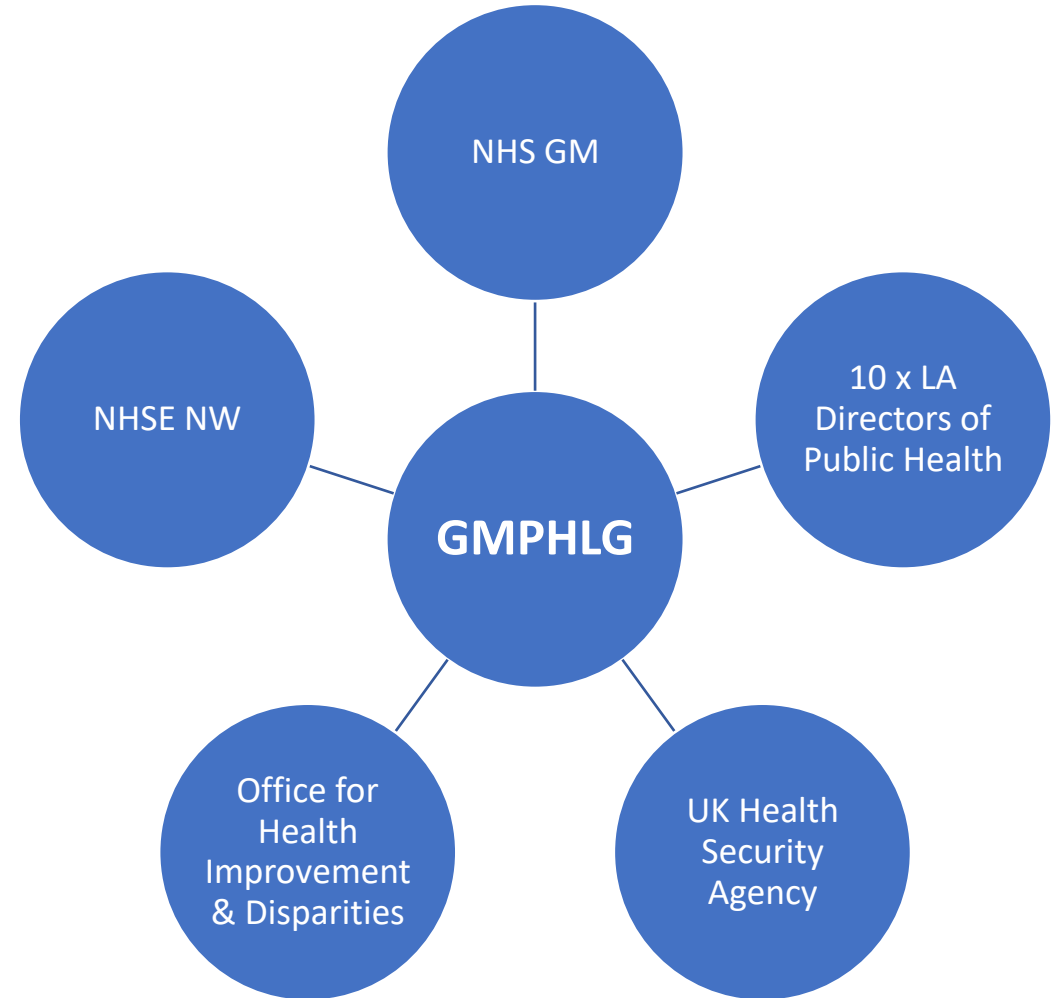
Collectively shaping a whole system, comprehensive approach to Population Health.

Collaborating on key pieces of work that are of mutual benefit and ensuring they are evidence-based and co-produced.

Enabling co-investment in areas of shared interest.

Jointly influencing operational delivery, policy and strategy across and beyond GM.

Collaboratively managing key risks and issues within the GM Population Health system.



# Healthy weight strategies

# System aims: Healthy weight

## *Vision*

**A place where every child has the same opportunities to Eat well and Move more**


---

## *Mission*

Halt the rising trend of children and adults who are obese or overweight in Greater Manchester by 2030

---

To take action to change the factors that promote unhealthy weight gain and to support those living with overweight and obesity by:

- Making systemic changes to better support GM residents to maintain a healthy weight, prevent further weight gain and reduce weight in people already living with overweight or obesity
  - Developing prevention strategies to improve the environments and conditions around us, and support and empower people to live healthier lives
  - Better embedding prevention, early detection and intervention into all areas of our health care system
  - Exploring and responding to the strong public mandate on the real picture behind unhealthy weight for GM residents
- 



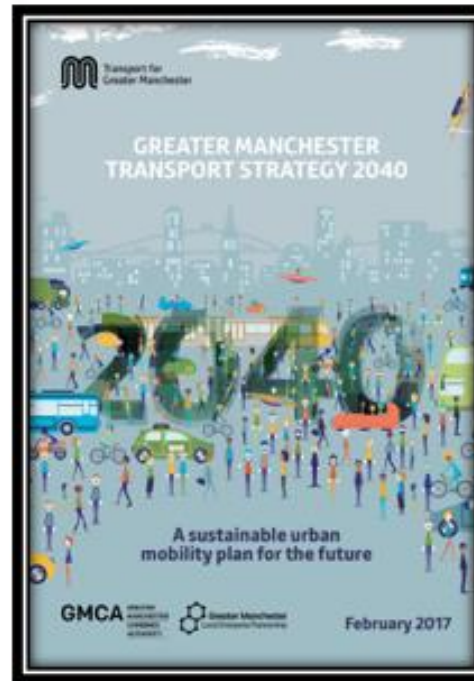
# Strategies: GM level



ICP Strategy



GMS



Transport Strategy



Milan Urban Food Policy Pact



Tackling Health Inequalities



Active Lives for All



Net Zero

# Strategies: Local level



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**Bury Food Strategy**  
**Eat, Live, Love Food**  
**2020-2025**


**Foreword**  
Good nutrition is an essential part of good health and well-being across the life course, including early years, childhood, adulthood and older age.  
The food system is complex, but by understanding it and addressing potential barriers, we can make real, sustainable change leading to a positive food culture. We want to drive for and shape a better food system here in Bury where everyone can thrive.  
Good food can bring our communities together and should be celebrated. This has been highlighted throughout the pandemic as local communities and businesses offered their support to help those in need.  
National and regional food policy is undergoing positive change, identifying the importance of food and the food environment, advocating and promoting improvements at all levels. In Bury there are a large number of partners engaged and interested in healthier food, many of whom have helped to develop this strategy. We thank them so much for their support and look forward to working closely with them as we take our plans forward.  
We are delighted therefore to share with you the Bury Food Strategy, setting out our ambition to achieve healthy and sustainable food for all in Bury.   
Sally Jones, Director of Public Health, Bury Council

**Trafford Health and Wellbeing Strategy 2019-25**

The Trafford Health and Wellbeing Board exists to improve population health outcomes. It does this through strategy development, improving partnership working, and using our knowledge of local needs from our joint Strategic Needs Assessment to improve our services. In Trafford we are focusing on using the HWB to increase the number of years people spend in good health. This is measured by Healthy Life Expectancy (HLE). This is a good pointer to the population's general health and gives an idea of the population's need for health and social care services. The variation across the borough for this indicator is greater than for life expectancy, and in general communities in the north of the Borough fare much worse than those in the south, putting additional burdens on these communities.  
In Trafford we have a 14 year inequality or difference gap between our most affluent and most deprived communities'. To improve HLE, we are focusing on preventing poor health and on promoting wellbeing, as this will reduce health and social care costs, and enhance resilience, employment and social outcomes. The actions required must address the 'wider determinants' of health such as clean air, housing, transport, employment and the environment we live in, as all of these have a role in driving our behaviour, as can be seen in the diagram below. We also need to ensure that our actions help

reduce the borough's carbon footprint, and reduce the impact of climate change on our population.

**How?**  
The Health and Wellbeing Board is focused on our residents' journeys through life, taking a life course approach that reflects the public health needs of that age group. We aim to improve outcomes at each stage while ensuring that seven overarching priorities are considered, and ensuring interventions are evidence based, measurable and add value.



© Trafford Council  
\* See: (2017) Report on the Inequality in HLE, 2016-17 Executive Summary  
https://trafford.gov.uk/wp-content/uploads/2017/06/Inequality-in-HLE-2016-17-Executive-Summary.pdf

Manchester Health & Care Commissioning  
A partnership between  
Manchester City Council  
Greater Manchester Integrated Care Partnership

**Manchester Healthy Weight Strategy**  
**2020-2025**

A whole system approach

**Equality Impact Assessment**  
**Stockport Food Plan 2023**



# Key thematic areas: Related GM plans and strategies

## Healthy food systems and ending food insecurity: GM Food Security Action Network / Good Food GM

- **Build a healthier food system** that favours the sustainable production, processing and distribution of healthy food and drinks
- **Work to end food insecurity in GM:** Bringing together health and nutrition, food security and accessibility, sustainability and economics, education, works and skills to provide strategic leadership, coordination and accountability and the voices of lived experience
- **Increasing the uptake of Healthy Start and Free School Meals**
- **Helping those accessing emergency or subsidised food to avoid or escape financial hardship**
- **Practical guidance for healthier eating** – improved nutrition and balanced diet education

## Physical activity: GM Moving

- **Active Lives For All:** To work with and meet the needs of Greater Manchester people, families and communities, in all their diversity, to enable everyone to live an active life.
- **Inclusive Participation – Move your way!** To widen access and participation in physical activity, sport and active travel to create a greater, more inclusive choice of ways to be active every day.
- **Active Places - Wherever you live, work and play:** To grow and spread place-based active approaches, environments and partnerships to create the conditions for an active life in localities, neighbourhoods and across the city-region.
- **Whole System Integration:** To work together as one GM team to lead, model, advocate for and embed a whole-system approach to physical activity, creating the conditions within a healthy, green, socially just city region where everyone can move and live a good life.
- **Culture Change - Everyday moving:** To create the conditions for a cultural shift to make moving a normal part of every day for all. Everyone moving, every day – whoever, wherever and whatever

## Healthy environments: Commercial determinants of health

- **Foster healthy social and cultural norms**, reduce weight stigma and help people make healthy choices
- **Reduce exposure to unhealthy food and drink marketing**, promotion and sponsorship especially for children – using advertising as a force for good
- **Effective and consistent licensing** to ensure Healthy highstreets for e.g. hot food takeaways and dark kitchens
- **Improve nutrition information and advocate for food labelling transparency** to help consumers make healthier choices at the time of purchase

## Early intervention and supportive health care

- **Focus on prevention and early detection** through the obesity lifecourse approach
- **Improve uptake of integrated models of care** and referral pathways that focus on the individual
- Addressing and treating unhealthy weight while **preventing weight stigma**
- **Reducing variation in weight management services**, including eligibility criteria and approach to managing demand



## Initiatives

### 1. Food insecurity: GM Food Action Network

# 1. Food insecurity

Ensuring that by 2028 no resident should have to end their day hungry

- **Work to end food insecurity in GM:** Bringing together health and nutrition, food security and accessibility, sustainability and economics, education, works and skills to provide strategic leadership, coordination and accountability and the voices of lived experience.
- **Increasing the uptake of Healthy Start and Free School Meals**  
**Helping those accessing emergency or subsidised food to avoid or escape financial hardship:** Champion residents to access their benefits and increase training and awareness of the GM Money Advice Referral Tool.
- **Maximising food sustainability and equitable distribution within the local GM food security system:** Work with emergency and community-based food to increase the supply of sustainable and healthy food to people on limited incomes. Work with policy makers to end “choosing between” healthy food and enough food/sustainable food. Pass the right to grow across GM and pilot community growing projects that maximise the part that community sustainable agriculture.



# 1. Food insecurity: Impact

- Work to end the scandal of food poverty – first and only city-region to support the ‘Right to food’ campaign
- Develop the no child should go hungry campaign – 13,000 emergency food cards provided during Covid
- Support the Food Poverty Action Strategy
- Support Marcus Rashford powerful campaign to end holiday hunger
- Kate Green secured Westminster debate – those that are eligible for Healthy Start scheme be enabled to register to it – education and awareness campaign
- Engagement with supermarkets and GM food providers at mayor’s roundtable
- Support residents to access ethical lending opportunities
- Community Fridges – Oldham / Healthy Hyde / Brick by Brick Wigan / Visit from the Stork – Salford
- Bolton - Holiday Activities - School Meals with free fun, creative sessions offering sports, games, physical activity and food for a minimum 4 hours a day, 4 days a week over holidays - over 10,000 young people taking part last year.



# Initiatives

## 2. Food systems: Good Food GM

## 2. Food systems

A good food future for everyone in our city region

- **Accessible to all (providing food security)** - Where everyone in the city-region can access not just enough food, but good food. Ensuring that children can access a nourishing diet that supports learning, physical development, and social and emotional well-being.
- **Healthy and nutritious diets:** To reduce diet related ill-health, reduce pressure on the NHS, and support our residents in being more active whilst reducing our carbon footprint.
- **Sustainable food systems** – To reduce our impact on the environment by eating more sustainably produced plant-based foods and eating less (but better quality) meat and animal products, that are home grown and designing food waste out of our system.
- **Local, independent and diverse** - Supporting local independent food and drink businesses and community enterprises to deliver a thriving, diverse and responsible food scene and better employment in food and drink.
- **Food relationships that go beyond the ‘consumer’** - Championing “food citizens” who engage in buying good food and growing or accessing food in a social, community-led and inclusive way.
- **Diverse: A food system that represents and includes us all** - Engage representatives from all diverse communities in GM to become leaders and active participants in decision-making around food and culturally competent resources.



**good food**  
GREATER MANCHESTER





# Initiatives

## 3. Physical activity: GM moving

### 3. Physical activity: GM moving

#### Active lives for all

- **Active lives for all:** To work with and meet the needs of Greater Manchester people, families and communities, in all their diversity, to enable everyone to live an active life.
- **Inclusive participation – Move your way!** To widen access and participation in physical activity, sport and active travel to create a greater, more inclusive choice of ways to be active every day.
- **Active places - Wherever you live, work and play:** To grow and spread place-based active approaches, environments and partnerships to create the conditions for an active life in localities, neighbourhoods and across the city-region.
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- **Culture change - Everyday moving:** To create the conditions for a cultural shift to make moving a normal part of every day for all. Everyone moving, every day – whoever, wherever and whatever your way, the day, or the weather!



### 3. Physical activity: Impact

- **1.4m GM residents (60.8%)** are now active (150+ mins of activity/week)
- **259,100 GM residents (11.2%)** are fairly active (30-149 mins of activity/week):
- **650,000 GM residents (28%)** are still inactive (less than 30 mins of activity/week)

#### GM Walking and Wheeling Fund

- People with disabilities and long-term health conditions
- People from lower socio-economic groups
- People from diverse ethnic communities

#### So What?

- Since 2020, we've distributed over **£400k of grants to 166 organisations.**
- **50%** of applicants have been based in the **least affluent** areas of Greater Manchester
- **94%** of funded groups said **walking had increased** among the project beneficiaries
- **63%** of the groups we funded in 2020-2022 **went on to continue** with their walking activities



## Initiatives

### 4. Healthy environments and commercial determinants of health

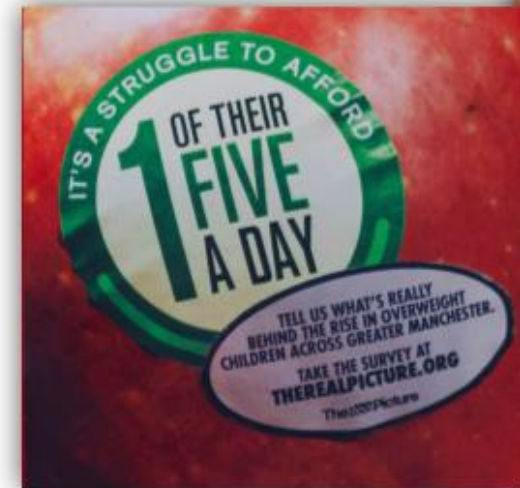
## 4. Healthy environments

### Tackling the commercial determinants of health

- Established a public mandate on the real picture behind childhood unhealthy weight in GM
- Reducing exposure to unhealthy food and drink marketing, promotion and sponsorship, for children and young people by mobilising pan-GM junk food advertising restrictions as part of the GMPHLG
- Page 89 Cross-risk factor alliance with regional and national partners to tackle obesity, alcohol and tobacco, using lessons learned from the tobacco prevention model
- Healthy weight in all policies approach – including licensing to ensure healthy places, particularly for children and young people as part of the GMPHLG: Hot food takeaways and dark kitchens



TheRealPicture



## 4. Healthy environments

### Childhood obesity consultation: The GM public mandate

10-week multi-media campaign co-designed with people of lived experience to promote the GM-wide public consultation to uncover the 'Real Picture' behind rising childhood obesity rates across our city-region.

**6,424** surveys completed and analysed across the campaign

**7,486** qualitative comments recorded throughout the survey

**1,378** comments across social media posts

**10** in-depth focus groups with seldom-heard voices within localities

#### Key themes:

- **79% of respondents believe addressing childhood obesity rates should be top or high priority** for local authorities and health and care services
- **Most respondents do not know of activity** by local authorities or healthcare organisations to help combat the rise in childhood obesity
- **Access to unhealthy food** ranked highest contributing factor
- Cheap cost of unhealthy food, digital screentime / sedentary lives, junk food advertising and confusion over the nutritional quality of food ranked **top 5 factors behind the rising rates in childhood obesity**



*"Constant exposure to billboards, screens, bus stops and junk mail all advertising for ultra processed junk food at low prices encouraging you to eat more"* GM Resident

## 4. Healthy environments

### GM youth bite back: Junk food advertising

Youth activist movement, Bite Back, including the GM Youth Board produced a review of junk food advertising across city centres including Manchester, Oldham, Rochdale, and Stockport.

Report presents a picture of the potential impact of unhealthy food and drink advertising for the 688,321 young people living in the city-region, including two days of observational research to explore levels of HFSS advertising within areas of high children and young people footfall. The report found:

- **One third of 13–19-year-olds** surveyed said a junk food advert would encourage them to buy the product at the next opportunity.
- **178 ‘junk food adverts from a range of different brands’** over the duration of the study
- **Most ads (100 out of 178) found on the public transport network** including bus stops, buses, tram platforms, and train stations.
- **Bus stops were particularly saturated with 82 adverts** (46%) of adverts observed.
- Of the places visited, **Manchester city centre was considered more densely packed.**
- **Junk food ads including 101 adverts** in the areas of Piccadilly, Victoria and Deansgate alone
- Top 5 HFSS advertisers observed including **Costa, McDonalds, Aero, Sainsburys and Oreo.**



*“Whether I am taking the 50 bus or the train into town, I am bombarded with unhealthy adverts. It gets even worse in the centre of town - the ads are absolutely everywhere. This is not right and we need to make it stop.”*

# 4. Healthy environments

Cross-risk factor alliance model

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#HoldingUsBack





## 5. Prevention, early detection, treatment and support: GM obesity pathway

# 5. Prevention, early detection, treatment and support

The life course approach

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New birth and 2 year health visitor checks



National Child Measurement Programme - Reception



National Child Measurement Programme – Year 6



Annual Health checks from 14+ for Children with Learning Disability



Transition to adult services



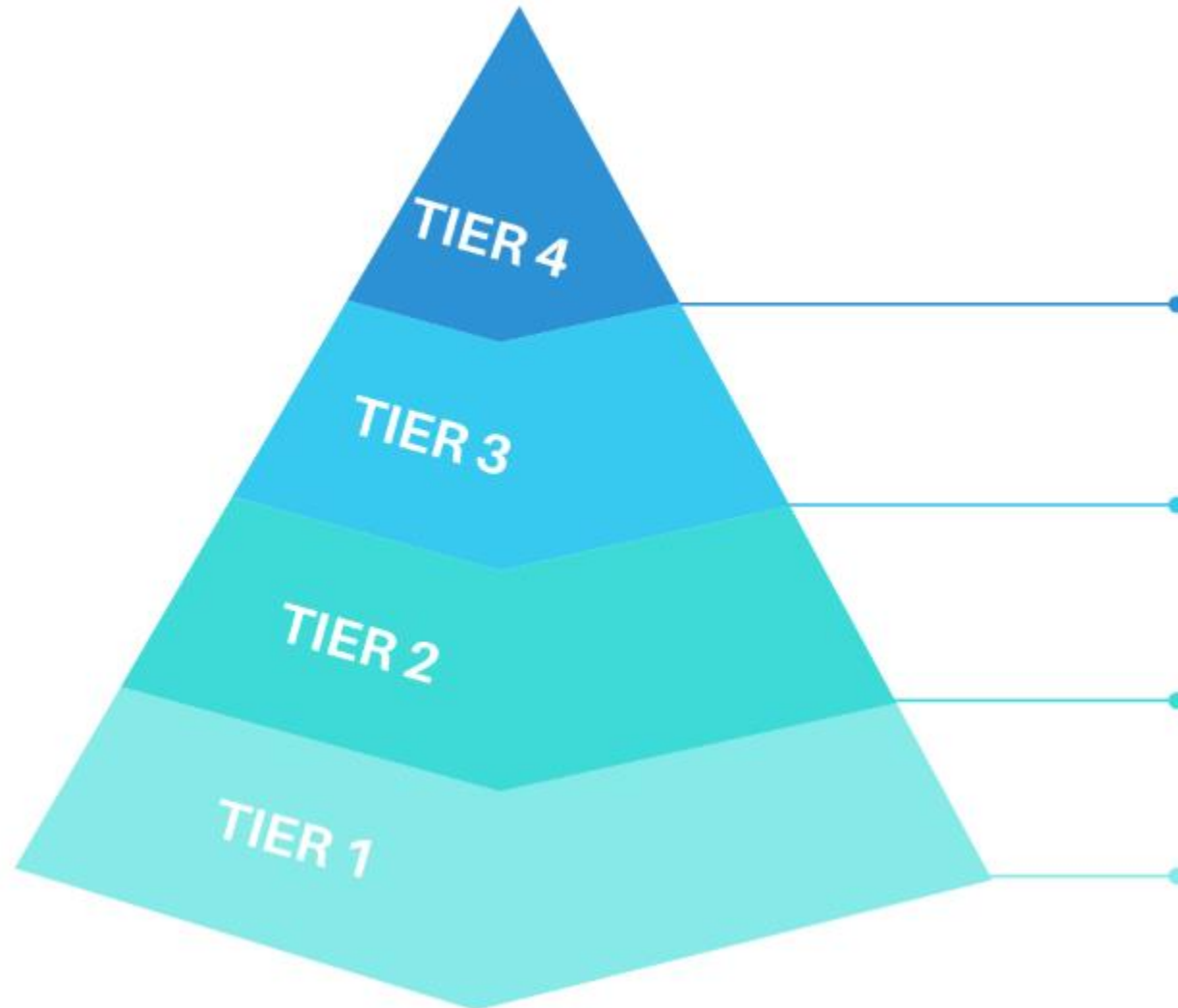
Variable offer of Healthy Weight interventions across the North West – See Directory.

Referrals to Tier 3 Complications in Excess Weight (CEW) clinic from ages 2-18 with 5 areas of criteria.



# Prevention, early detection, treatment and support

## Obesity management tier system



### **SURGERY**

Bariatric surgery for severe morbid obesity and serious health conditions.

### **SPECIALIST SERVICES**

Multidisciplinary interventions to manage severe obesity and people with complex needs

### **INTERVENTION**

Lifestyle weight management interventions to help people living with obesity or overweight to live healthier lives

### **PREVENTION**

Creation of health enabling environments and approaches to tackling behavioural risk factors



# Complex Picture: Tier 3 Specialist Weight Management Service (SWMS) Variation **Greater Manchester**

- 5 providers commissioned across 10 localities, all contracts except ABL (Dec 2025) end in March 2025 (Bolton/Trafford/Rochdale funding streams have been embedded/locked into acute trust/LCO contracts)
- Bolton patients currently have no access to a Tier 3 service as the service stopped due to lack of available workforce and funding
- Mixture of LA and NHS GM Locality commissioners. Wigan LA commissioners have now handed responsibility to NHS GM without funding. The service ends December 2024.
- Contract values equate to over £3.4million across GM; already a financial risk to NHS GM in respect of Wigan and Bolton elements
- Variation in eligibility criteria across GM, increasing move to tighten eligibility criteria in localities to manage demand
- Variation in costs of provision to localities, services provided and in outcomes delivered
- Saxenda (Liraglutide) pathway commissioned capacity variable across GM, c.200 commissioned in total, pathways have not been made available in 2/10 localities. At least £57k of known drug costs charged to localities for Saxenda

# SWMS Activity, outcomes and value for money

- Referrals equate to 383% of annual commissioned capacity (17131 pa v 3546 pa), largest proportion of referrals are in the 40-50 BMI category
- Currently over 6,000 patients on the waiting list for T3 SWMS across GM, without any further referrals that would likely take nearly two years to clear
- Waits for treatment can be up to a year, only around 40% of referrals are assigned to an intervention, high dropouts no doubt impacted by long waits and suggests the current national GP scheme maybe incentivising referrals for patients not yet ready to engage with a programme
- Around 70% of those assigned to an intervention start and of those that start around 65% complete a programme
- Of those that complete around 40% achieve a >5% weight loss
  - Most providers can also evidence improvements seen against validated wellbeing measures
  - The average cost per commissioned place = £948 and ranges for localities between £400 and £1355
  - The average cost per completer = £1,079 and ranges for localities between £800 and £1600
  - The average cost per patient achieving a 5% weight loss or more = £2488 and ranges for localities between £1,300 and £7,000.

# NHS GM position re: NICE Technology Appraisal

- NICE Technology Appraisal (TA875) Semaglutide for managing overweight and obesity recommends Semaglutide (Wegovy) as an option for weight management within a specialist weight management service. Implications of implementing this needs to be considered alongside the Tier 3 SWMS review.
- Published in March 2023, drug available from September 2023, the NHS has a duty to make funding available for this within 90 days of drug being available
- Applying NICE's Resource Impact Report to the GM population estimates that 1236 people will receive Semaglutide in the first year, rising to 2958 by 2027/28. Note however that the total population eligible to receive Semaglutide is 200,000-250,000 although NICE believes the vast majority will choose to treat their obesity through diet and exercise
- Additional Tier 3 SWMS capacity would be required to enable providers to offer Semaglutide on top of the drug costs that would be charged to localities; drug costs alone for treating 3,000 patients per year could close to £4million.

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Current NHS GM position on prescribing Semaglutide

*NHS Greater Manchester (NHS GM) is aware of the NICE Technology Appraisal (TA875) Semaglutide for managing overweight and obesity (nice.org.uk) published in 2023 which recommends Semaglutide as an option for weight management, including weight loss and weight maintenance, alongside a reduced-calorie diet and increased physical activity in adults, under certain criteria, within a specialist weight management service.*

*Tier 3 Specialist Weight Management Services in GM are not currently commissioned to offer Semaglutide as part of their weight management pathways (except as an alternative for those that have already started on a Liraglutide pathway should issues with the supply of Liraglutide persist). NHS GM are currently undertaking a review of Tier 3 Specialist Weight Management Services alongside which the implications of implementing this NICE TA are being assessed; this review is expected to report into system governance early in the 2024 calendar year.*

## SWMS national developments – NICE TA Tirzepatide

- NICE expected to publish Technology Appraisal for a new weight management drug ‘Tirzepatide’ later this year;
- NICE TA mandated – ICBs have a responsibility to implement and commission a model of care within 90 days
- Expanded patient cohort and can be prescribed in primary care – will create additional pressures – workforce and £
- NHSE working on a funding variation to enable phased implemented across patient cohorts over several years

## SWMS provision review summary

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- Current Tier 3 provision does not appear to be fit for purpose when you consider demand v available capacity, outcomes and value for money
- Significant variation across GM within current set up
- Financial risks to the current model even before considering the additional financial risks associated with NICE TAs around weight management drugs
- NHS GM financial position likely prevents the opportunity for additional investment; solutions need to be affordable
- New NICE TA for new weight management drug/service model expected later this year – awaiting further guidance from NHSE surrounding implementation
- GM Weight Management Steering Group established to develop GM eligibility criteria, service model and GM response to the NICE Technology Appraisals (both current and imminent TA for Tirzepatide)
- Public Health representation including in the Steering Group – alignment to Tier Two services and emphasis on prevention and wrap around services



# Salford integration pilot

# Salford pilot: Overarching aims and approach



Greater Manchester  
Integrated Care

- Main three-prong approach:
  - **Maternity pathways**
  - **Private, Voluntary and I nurseries and childminders**
  - **Families living in poverty** (food clubs)
- Work in West locality
  - Community of practice
  - Cooking group
  - Healthy Lifestyles Group for parents/carers and their children 18+months
- Exploring relationship between adverse childhood experiences/trauma/ mental health and weight
- Working with communities in a **culturally appropriate** way
- Working to make positive changes that **strengthen communication, interconnections and integration** between different organisations /parts of the system
- **Shift in Attitude** – Compassionate approach to reduce weight stigma
- Local and national evaluation

## Overarching aims

- People supported to be active, eat well and have good oral health antenatally, postnatally and through the early years.
- More children reach reception having good oral health, able to meet physical milestones and eat well/have a good relationship with food.
- More children reach reception measured as being 'a healthy weight'.

# Salford pilot: Engagement of resident groups



Greater Manchester  
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Focus group	Participant characteristics	Number of participants
Traveller Community	Mix Travellers of Irish Heritage and Gypsy	Total: 11 women (8 mothers and 3 grandmothers) (F2F)
REVIVE Community	Multicultural- e.g. including Afghanistan, Democratic Republic of Congo, Angola, and Pakistan- English as a second language	Total: 6 women (F2F)
Young Parents	White ethnicity	Total: 6 (F2F) 5 women, 1 man (all have children under 5y)
Luso Connection UK (LCUK)	10 Portuguese speaking: 9 BAME group, 1 white European. Remaining 5: Nigeria, Poland, Slovenia, Slovakia, Turkey, Italy	Total: 16 (F2F) 15 parents and 1 mum-to-be
City of Praise	Black African	Total: 15 parents (F2F)
Flowhesion Foundation	Asian, African, Arabic	Total: 7 women aged 25-50 (F2F)
	Pakistani, Indian and Nigerian	Total: 8 women (online survey)
Visible Outcomes	Iran (4), Democratic Republic of Congo (1), Rwanda (1), Pakistan (4), Nigeria (2), Afghanistan(1), Bangladesh(1)	Total: 15 (F2F) 13 women and 2 men
Yemeni Community Association (YCA)	BAME background Women- majority spoke Arabic. Men – Arabic only (translator used)	Total: 20 12 women (F2F) 8 men Male (individual interviews)

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- **104 Salford residents** took part in the focus group
- **Qualitative insight reports** for all focus groups
- Findings informed **Promoting Health Lifestyles in Early Years pilot**

# Maternity pathway

## Aims:

- Increase engagement with women/birthing people, partners, staff
- Explore barriers and opportunities
- Co-develop solutions and test within maternity services
- Development of referral pathways for those with high BMI
- Strengthen pathways between maternity and community services

## Outcomes:

- Increase activity levels and healthy choices - Whole families supported to be active, eat well and have good oral health antenatally and postnatally
- Additional support for birthing parents living with BMI 30+ - Access to supportive services that encourage positive longer-term changes  
Improved breast-feeding rates - More parents to choose breast feeding and do so for longer
- Increase interconnectivity of services – Between maternity providers and teams within Salford (0-19, family hubs, food clubs)

# Implementation progress

- Enhanced the existing provision - Maternal Healthy Lifestyles Salford pilot in place
- Salford Transformation Midwife
- Maternity subgroup (Involving Maternity Voices Partnership),
- Gathered information around barriers, opportunities and current integration
- Maternity staff survey (Warrington, Bolton, Manchester Foundation Trust)
- Focus groups
- Action planning meetings re: feedback from staff surveys
- Development of a signposting facilitation tool to test in Maternity
- Exploring training options and development of training for midwifery
- Salford Community Leisure development of activity booklet- service offers antenatal and postnatal
- Linked in stakeholders to infant feeding training
- Supporting infant feeding peer support service and specialist infant feeding training, also conversations underway linking MoreLife to HomeStart



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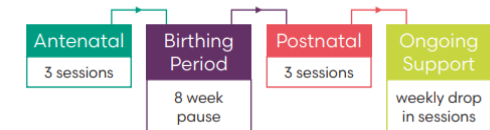
## Maternal Healthy Lifestyles

Nutrition - Activity - Healthy Weight

Leading a healthy lifestyle during pregnancy can reduce the risk of complications in pregnancy and beyond. Morelife's Maternal Healthy Lifestyles service provides specialist support during pregnancy and the first months after your baby is born.

We will support and empower you to:

- Make the changes that you want
- Lead a healthy lifestyle for you and your baby



There are lots of advantages to taking good care of yourself and your health during pregnancy.

Referrals can be made via your GP and midwife, scan the QR code for further information.



Morelife

Salford  
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Salford City Council

## Private, voluntary and independent nursery and childminding settings

### Aims:

- Identify barriers and opportunities to increase movement/physical activity and live well
- Co-develop solutions and implement funding pot for settings
- Strengthen links with Family Hubs, 0-19 team, food clubs, leisure centres/activity offers including VCFSE

### Outcomes:

- Increased staff ability to support engagement on activity and live well messages
- Increased activity and living well choices for young families

## Implementation progress

- Early years action subgroup
- Nursery and childminder survey conducted to baseline around barriers, opportunities and integration.
- Family/parent/carer feedback- shaped grant pot criteria and onward actions
- Development of grant scheme (for all childminders and nurseries in Salford): Training package and funds for resources
  - Over 100 nursery/childminders attended (6 sessions held)
  - Feedback score 4.61 out of 5 stars.
  - Awaiting individual impact evaluation reports from nurseries/childminders
  - Interest from school readiness board and from early years education leads across GM



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Moving in Salford  
2023-27



Linking to  
Salford Physical  
Activity Alliance

Salford City Council

## Families living in poverty (Food clubs)

### Aims:

- VCFSE engagement to co-design intervention (Salford Food Share Network, Yemeni Community Association, Visible Outcomes, City of Praise, Luso Connection, Young Parents Group, EMTAS Irish Traveller Community.
- Co-developed cooking and eating support – linking to food clubs and provision of cooking equipment for long-term support

## Implementation progress

- 5 cook and eat programmes commissioned (different models),
  - Linking to food clubs/food pantries (via Salford food share network)
  - Providing equipment
  - 1 month and 3 month follow up evaluation reports due by end of March 24
- Working to obtain training slides from CAB GM and getting permission to make Salford specific for healthy start training of food clubs and also gateway staff
- Additional promotion work re: Healthy start underway
  - via PVI EY settings training
  - linking to health improvement service
  - Linking to visit from the stork as well as family hubs
  - Learning from deep dive work
  - finalising leaflet for birth registrars
  - Linked to GMCA and The Fed- Funds for leaflet translated into Yiddish to encourage families to apply
  - Salford public health lead for healthy start national scheme take up
  - Salford lead for healthy start vitamin take up









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# Healthy weight stigma pledge – King’s College London

## We pledge

- To treat individuals with overweight and obesity with dignity and respect.
- To refrain from using stereotypical language, images, and narratives that unfairly and inaccurately depict individuals with overweight and obesity as lazy, gluttonous, and lacking willpower or self-discipline.
- To encourage and support educational initiatives aimed at eradicating weight bias through dissemination of current knowledge of obesity and body-weight regulation.
- To encourage and support initiatives aimed at preventing weight discrimination in the workplace, education, and healthcare settings.

 <p><b>What is weight stigma?</b> To do: View</p> <p>20 mins</p>	 <p><b>Key drivers of weight stigma</b> To do: View</p> <p>20 mins</p>	 <p><b>Consequences of weight stigma</b> To do: View</p> <p>To do: Do all parts of this activity To do: Complete the activity To do: Receive a score of 70 or more</p> <p>25 mins</p>
 <p><b>Improving communications about weight</b> To do: View</p> <p>To do: Do all parts of this activity To do: Complete the activity To do: Receive a score of 70 or more</p> <p>25 mins</p>	 <p><b>Having good conversations about weight</b> To do: View</p> <p>To do: Do all parts of this activity To do: Complete the activity To do: Receive a score of 70 or more</p> <p>30 mins</p>	 <p><b>Role specific actions you can take</b> To do: View</p> <p>To do: Do all parts of this activity To do: Complete the activity To do: Receive a score of 70 or more</p> <p>15 mins</p>

## Weight stigma and mental health

### Aims:

- Increase staff awareness about individuals living with overweight and obesity who face social stigma based on the typically unproven assumption that their body weight derives primarily from a lack self-discipline and personal responsibility.
- Biological, genetic and environmental factors contribute to obesity
- Weight bias and stigma and result in undermine human rights, social rights and health of afflicted individuals
- impact of trauma and weight stigma in relationship to food and weight.
- Reducing weight stigma by increasing training (ACES and bespoke), embedding a compassionate approach in line with weight stigma declaration pledges
- Improved connection between mental health services, weight management services and eating disorder services

# Healthy start and smiles – Little Hulton pilot

A 6-week, 90-minute health and wellbeing programme that promotes parental self-efficacy for the development of healthy lifestyles in 2- to 5-year-old children

## Aims:

- To provide advice and support around healthy lifestyles in advance of children reaching school age – including:
- Sleep, screen time, eye health
- Vitamins, healthy eating, snack making activity, first line fussy eating (and signposting to parenting workshops)
- Cuts, drinks, oral health
- Movement/activities

## Outcomes:

- It was very likely that parents would recommend the programme to family or friends.
- 2 out of the 3 parents said they were surprised their child had tried some of the food options offered to them during our tasting session
- All families saw an improvement in how much outdoor activity they do, a daily increase of up to 60 minutes in physical activity was noted for all families
- All parents identified changes such as a better sleep routine, a healthier relationship with food around snacks, improvement around oral care such as teeth brushing, drinks, the correct strength toothpaste for their child, and reduced times spent on electronic devices for both parent and child.



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## Pilot feedback

*“The sessions were very informative, the food tasting session was our favourite, it was nice to see my child try foods and textures they wouldn’t normally try”.*

*“My child and I enjoyed all the sessions, we both struggled socially, since becoming a mum I have found it hard to socialise and make new friends, this group enabled me to do this which I am grateful for, I looked forward to the group each week it was a life line for me”.*

Salford City Council



# Impact of pilot – stakeholder feedback

- **19 colleagues** completed the survey
- **18/19 colleagues** believed they felt more connected with other organisations and individuals in Salford after the pilot
- **16/19 colleagues** reported better awareness of support available for families in Salford
- **12/19 colleagues** reported improved connection with another team or colleague from another team
- **11/19 colleagues** reported more frequent contact with external teams which has improved working and improved connections

## Which training was of most value?

Nutrition/ healthy eating	Physical literacy/ physical activity	Oral health	Infection control/ infection prevention	Everything/ all of it
22	23	33	8	22

Having all updates in one place rather than getting updates here and there, throughout the year

The interaction with others

All of the training course was useful, some was just refreshing my memory

Ideas on things we can do and advice we can give parent on healthy lifestyles

# Impact of the pilot: Indications of progress

## Locally in Salford

- Monthly oversight group meetings - representation from LA, NHS, VCFSE
- Broadening the number of people who know about the pilot internal to council and external – via attending further meetings, engaging with other colleagues/departments, making connections
- Additional meetings with those unable to attend or not linked into oversight group/subgroups
- Space to have specific conversations around connecting/working in more integrated way
- Linking to family hub steering group and working groups
- Gathering examples of the impact of conversations and connections that have taken place
- Considering integration as part of each element of the work

## GM

- System buy in - Support from GM CYP Health and Wellbeing Exec Board and now from ICB NHS GM
- Regularity of reporting Salford- GM- Region
- Conversations taking place on system integration and how individual programmes reporting into childrens' board are ensuring staff work together

## Pilot learning

- The journey – taking a different approach, skillset and ways of working
- Strengthening relationships and building partnerships, takes time
- Thinking creatively and engaging with staff
- Requires resource and willingness to be involved and on board with agenda
- Learning and changes along the way e.g.
  - Local evaluation
  - Identification of importance of reducing weight stigma and considering child and family holistically- cannot just look at one part of the process
  - The iterations show the integration and coproduction and collaboration underway to change culture

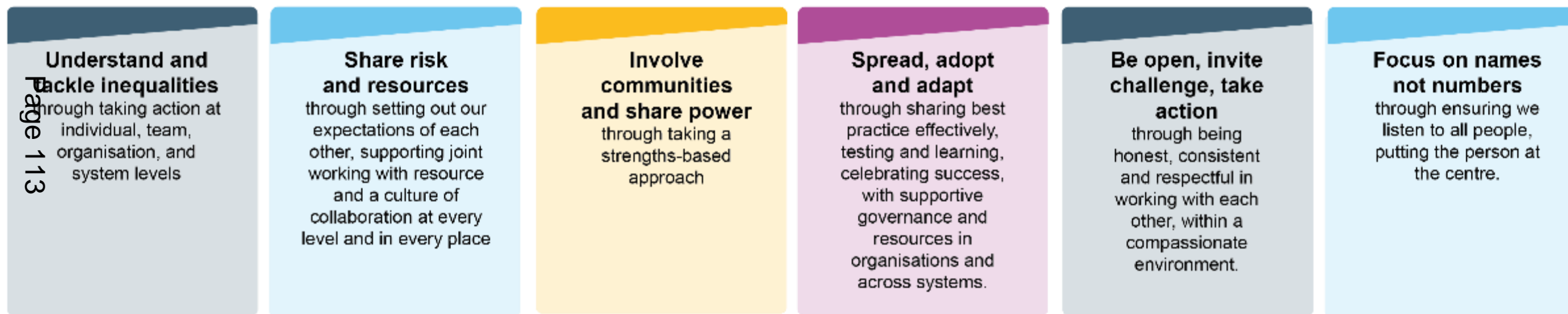
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## Pilot challenges

- Staff/clinician availability to attend certain meetings
- Acknowledgement of need for resource capacity for connection role/system connector (staff taking this on as additional ask on top of their roles).
- Consideration of resource required for sustainability of work around integration
- Learning from LGA COP

# Mechanisms for shared learning

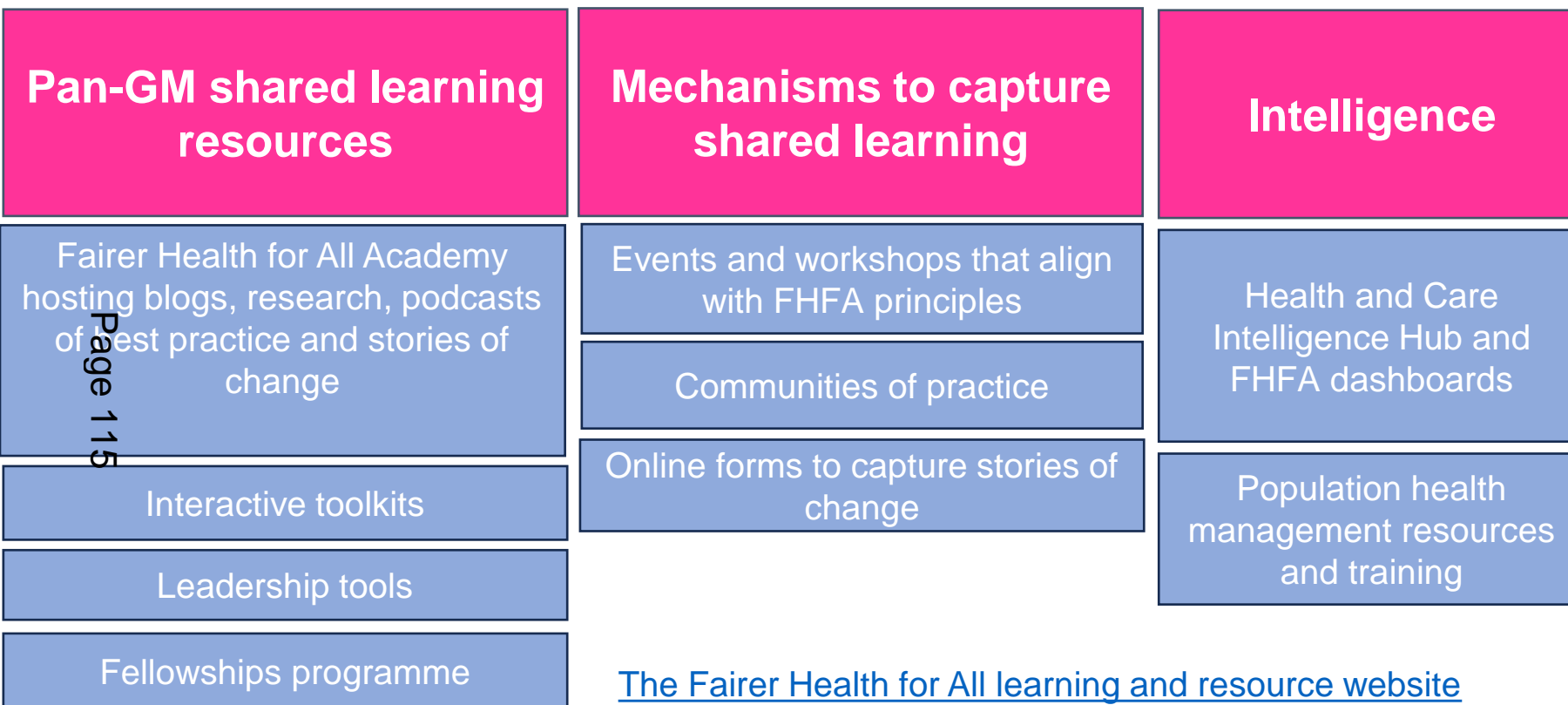
# Shared learning: How we work together



# Shared learning: Food and healthy weight groups and communities of practice



# Shared learning: Fairer Health for All tools and resources



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# Opportunities and challenges



## Opportunities

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- Role as an integrated care system to reduce unwarranted variation in access and outcomes
  - Review of specialist weight management services as part of a whole-system response to obesity
  - Greater Manchester as a devolved city-region and the ability to exercise more control over wider system levers and root causes of obesity
  - Enhanced focus on the commercial determinants of health and their contributing role to obesity prevalence
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## Challenges

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- Need and demand outstripping commissioned services and current system response
- Affordability of new weight management drugs recommended by NICE for specialist weight management services
- Lack of sufficient national focus, investment and population-level approach in this area





# Greater Manchester Integrated Care Partnership



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## Greater Manchester Joint Health Scrutiny Committee

Date: 10 September 2024  
Subject: Work Programme for the 2024/25 Municipal Year  
Report of: Nicola Ward, Statutory Scrutiny Officer

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### Purpose of Report:

To provide Members with the draft Committee’s Work Programme for the 2024/25 Municipal Year (Appendix 1). Members are reminded that this is a working document which will be updated throughout the year to reflect changing priorities and emerging issues. The Committee will regularly review and revise the Work Programme to ensure that it remains relevant and effective in addressing the needs of the community.

Members are encouraged to provide feedback and suggestions on the draft Work Programme. A list of items for consideration is available in the Appendix.

### Recommendation:

That Members consider and populate the Committee’s draft Work Programme.

### Contact Officers:

Nicola Ward, Statutory Scrutiny Officer, GMCA

[nicola.ward@greatermanchester-ca.gov.uk](mailto:nicola.ward@greatermanchester-ca.gov.uk)

Jenny Hollamby, Senior Governance and Scrutiny Officer, GMCA

[jenny.hollamby@greatermanchester-ca.gov.uk](mailto:jenny.hollamby@greatermanchester-ca.gov.uk)

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## Greater Manchester Joint Health Scrutiny - Work Programme (June 2024 to June 2025)

Date	Item	Lead	Ask of scrutiny
15.10.24	Reconfiguration Progress Report and Forward Look – Monthly Item	<ul style="list-style-type: none"> <li>Claire Connor, Associate Director Communications &amp; Engagement, NHS GM</li> </ul>	NHS GM must ensure their reconfiguration plans are well-evidenced, address local needs, and follow proper public and stakeholder engagement procedures. This Progress Report and Forward Look will describe the efforts taking place.
	That Officers return to the Committee to discuss the sexual health model of care	<ul style="list-style-type: none"> <li>Jane Pilkington, Director of Population Health, NHS GM and Lynne Donkin, Director of Public Health, Bolton Council.</li> </ul>	To discuss improving sexual health services in the Greater Manchester area with Members.
	Review of Arterial Vascular Surgery and Cardiac Surgery Service Reconfiguration (JHS/SR/02)	<ul style="list-style-type: none"> <li>Claire Connor, Associate Director Communications &amp; Engagement, NHS GM</li> <li>Louise Sinnott, Head of Place Based Commissioning. NHS GM</li> <li>Lee Hey, Director of Strategy · Manchester University NHS Foundation Trust</li> </ul>	This review aims to analyse the proposed reconfiguration of arterial vascular surgery and cardiac surgery services within NHS GM.

12.11.24	Reconfiguration Progress Report and Forward Look – Monthly Item	<ul style="list-style-type: none"> <li>Claire Connor, Associate Director Communications &amp; Engagement, NHS GM</li> </ul>	NHS GM must ensure their reconfiguration plans are well-evidenced, address local needs, and follow proper public and stakeholder engagement procedures. This Progress Report and Forward Look will describe the efforts taking place.
	Co-occurring Conditions	<ul style="list-style-type: none"> <li>Mark Knight, Strategic Lead for Substance Misuse, GMCA</li> </ul>	Co-occurring conditions often lead to more complex and severe health outcomes, requiring integrated and coordinated care approaches. By understanding the interplay between these conditions, the Committee can advocate for policies and services that address the holistic needs of individuals and improve overall health outcomes.
10.12.24	Reconfiguration Progress Report and Forward Look – Monthly Item	<ul style="list-style-type: none"> <li>Claire Connor, Associate Director Communications &amp; Engagement, NHS GM</li> </ul>	NHS GM must ensure their reconfiguration plans are well-evidenced, address local needs, and follow proper public and stakeholder engagement procedures. This Progress Report and Forward Look will describe the efforts taking place.



21.1.25	Reconfiguration Progress Report and Forward Look – Monthly Item	<ul style="list-style-type: none"> <li>Claire Connor, Associate Director Communications &amp; Engagement, NHS GM</li> </ul>	NHS GM must ensure their reconfiguration plans are well-evidenced, address local needs, and follow proper public and stakeholder engagement procedures. This Progress Report and Forward Look will describe the efforts taking place.
18.2.25	Reconfiguration Progress Report and Forward Look – Monthly Item	<ul style="list-style-type: none"> <li>Claire Connor, Associate Director Communications &amp; Engagement, NHS GM</li> </ul>	NHS GM must ensure their reconfiguration plans are well-evidenced, address local needs, and follow proper public and stakeholder engagement procedures. This Progress Report and Forward Look will describe the efforts taking place.
18.3.25	Reconfiguration Progress Report and Forward Look – Monthly Item	<ul style="list-style-type: none"> <li>Claire Connor, Associate Director Communications &amp; Engagement, NHS GM</li> </ul>	NHS GM must ensure their reconfiguration plans are well-evidenced, address local needs, and follow proper public and stakeholder engagement procedures. This Progress Report and Forward Look will describe the efforts taking place.

## Items to be Scheduled into the Work Programme

Ref	Item	Suggested	Lead
1.	Proposed reconfiguration of the Northwest Children's and Women's Services	TBA	Claire Connor, Associate Director Communications & Engagement, NHS GM
2.	Fit for the Future (Live in June 2024)	Informal briefing 13.08.24 plus regular updates in monthly report	Claire Connor, Associate Director Communications & Engagement, NHS GM
4.	That updates on the ICP Recovery Plan be provided to the Committee as required	13.9.23	Sir Richard Leese, Chair, NHS Greater Manchester Integrated Care and Mayor Paul Dennett, Chair, Integrated Care Partnership
5.	That the Joint Forward Plan and the subsequent steps in the Leadership and Governance Review be considered by the Committee at a future meeting.	13.9.23	Sir Richard Leese, Chair, NHS Greater Manchester Integrated Care and Mayor Paul Dennett, Chair, Integrated Care Partnership
6.	That workforce and recruitment challenges within the healthcare sector be considered at a future meeting	13.9.23	Sir Richard Leese, Chair, NHS Greater Manchester Integrated Care and Mayor Paul Dennett, Chair, Integrated Care Partnership
7.	Development of new treatments/work of Health Innovation Manchester	12.7.23	Laura Rooney, Director of Strategy, Health Innovation Manchester

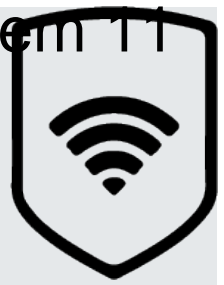
10.	Workforce engagement with Sustainability Plan / State of the Nation etc		
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**Previously Considered in 2024/25**

<b>Date</b>	<b>Item</b>	<b>Lead</b>	<b>Ask of scrutiny</b>
10.9.24	Reconfiguration Progress Report and Forward Look – Monthly Item	<ul style="list-style-type: none"> <li>Claire Connor, Associate Director Communications &amp; Engagement, NHS GM</li> </ul>	NHS GM must ensure their reconfiguration plans are well-evidenced, address local needs, and follow proper public and stakeholder engagement procedures. This Progress Report and Forward Look will describe the efforts taking place.
	Obesity Prevention	<ul style="list-style-type: none"> <li>Jane Pilkington, Director of Population Health, NHS GM</li> </ul>	To provide the Greater Manchester approach and coordination and to understand what is being done across Greater Manchester to prevent obesity and any learning that could be shared from the programme in Salford. Representatives from the grass roots programme in Salford and lead Greater Manchester colleagues on obesity prevention to be invited.
	NHS Greater Manchester Chief Executive's Update	<ul style="list-style-type: none"> <li>Mark Fisher, Chief Executive, NHS GM</li> </ul>	

16.7.24	Reconfiguration Progress Report and Forward Look – Monthly Item	<ul style="list-style-type: none"> <li>• Claire Connor, Associate Director Communications &amp; Engagement, NHS GM</li> </ul>	NHS GM must ensure their reconfiguration plans are well-evidenced, address local needs, and follow proper public and stakeholder engagement procedures. This Progress Report and Forward Look will describe the efforts taking place.
	Attention Deficit Hyperactivity Disorder (ADHD) Adult Service Reconfiguration (JHS/SR/01)	<ul style="list-style-type: none"> <li>• Claire Connor, Associate Director Communications &amp; Engagement, NHS GM</li> </ul>	To update the Joint Health Scrutiny Committee on NHS Greater Manchester's review of adult ADHD services focusing on addressing unmet need, and for public involvement in support of this work.
	In Vitro Fertilisation (IVF) Cycles Eligibility Reconfiguration (JHS/SR/03)	<ul style="list-style-type: none"> <li>• Claire Connor, Associate Director Communications &amp; Engagement, NHS GM</li> <li>• Harry Golby, SRO and Associate Director of Delivery and Transformation (Salford)</li> <li>• Mark Drury, Head of Engagement, Inclusion and Insight, NHS GM</li> </ul>	To provide an overview and update.

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GovWifi is a new guest wireless service which is designed to work across many public sector locations. GMCA has decided to adopt the service which will provide an improved Guest wireless service across all GMFRS and GMCA locations.

## Registering with GovWifi

To use the service you need to register for an account.

You can do this by sending a blank email to [signup@wifi.service.gov.uk](mailto:signup@wifi.service.gov.uk) using a .gov email address or anyone can text 'Go' to **07537 417 417**.

You will be sent a username and password unique to either your email address or mobile number that you can use to login to GovWifi on any of your devices.

## Connecting to GovWifi

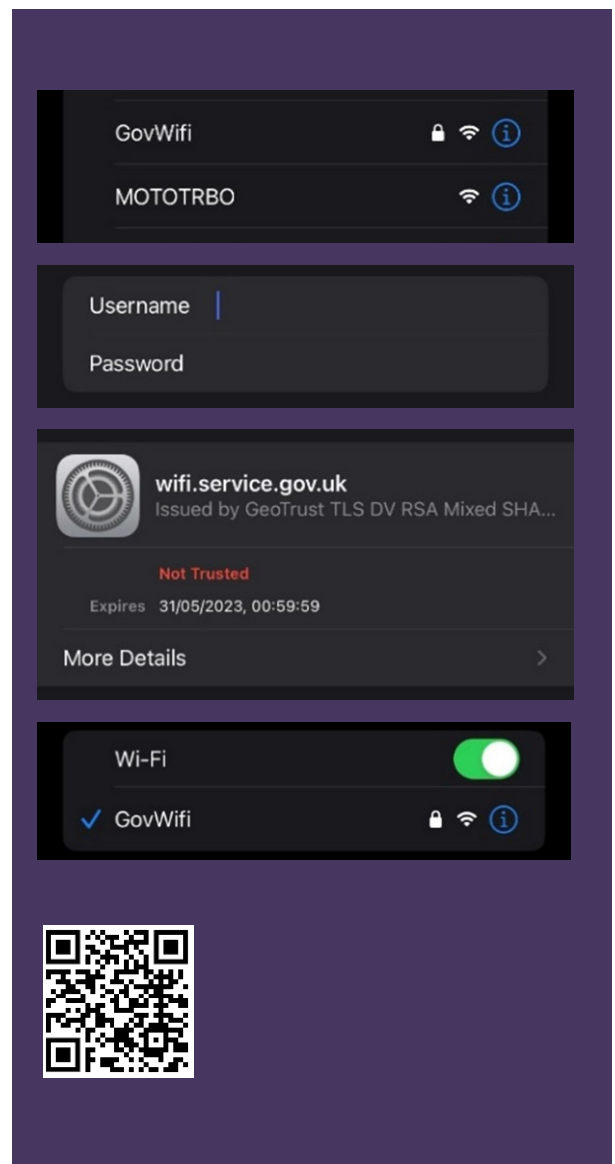
After you have received your username and password open your Wifi settings menu to select the GovWifi option.

Enter the username and password you were sent during registration.

You will be presented with a certificate screen you will need to validate. Check the issuing service is 'wifi.service.gov.uk' and then select the certificate is valid and that it is trusted.

You will then connect to GovWifi this can take a few seconds to complete.

Guidance on how to connect on specific devices can be found here:



Internet access is passing through the GMCA content filtering as per the standard corporate internet access with one exception that personal email is permitted.

In accepting the terms of connection to the GovWifi service you will be agreeing to the acceptable use policy.

If you require any further assistance, please contact the ICT Service Desk on 0161 608 4425 or log your call via the Self Service Portal

The GovWifi Terms of Service can be found here:



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## Joint Health Scrutiny Glossary of Terms

Acronym	Meaning
ADHD	Attention Deficit Hyperactivity Disorder is a neurodevelopmental disorder that affects attention, behaviour, and impulsivity. Individuals with ADHD often have difficulty paying attention, staying organised, and controlling impulses.
ADSP	Advanced Data Science Platform
AIDS	Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome
Big Conversation	Is a public engagement initiative in Greater Manchester, aimed at shaping the future of health and care services in the region. It is a collaborative effort between the NHS, local councils, community groups, and residents to gather feedback and insights on how to improve the health and well-being of the population
BMI	Body mass index is a measure of body fat based on height and weight. It is calculated by dividing your weight in kilograms by the square of your height in meters.
ASD	Autism Spectrum Disorder is a complex neurodevelopmental condition that affects a person's communication, behaviour, and social interaction. It is a spectrum disorder, meaning its symptoms can vary widely from person to person.
Covid-19 Pandemic	(Coronavirus Disease 2019) is a contagious disease caused by the SARS-CoV-2 virus. It first emerged in Wuhan, China, in late 2019 and quickly spread worldwide, leading to a global pandemic.

CQC	Quality Care Commission is an independent regulator of health and social care services in England. It is responsible for ensuring that these services are safe, effective, compassionate, and high quality.
GM	Greater Manchester
GM AHSN	Greater Manchester Academic Health and Science Network
CVD Prevention	Cardiovascular Disease Prevention
Diabetes	Is a chronic condition that affects how your body processes glucose, a type of sugar.
<a href="#">Fast-Track Cities</a>	Mayors and other elected leaders have joined forces with public health officials, clinical and service providers, and affected communities in 300+ cities and municipalities to action the Paris Declaration on Fast-Track Cities.
GMCA	Greater Manchester Combined Authority
GM ICP	Greater Manchester Integrated Care Partnership
GM IPC Strategy	Is a comprehensive plan outlining the vision and goals for improving health and care services in Greater Manchester. It sets out how the Greater Manchester Integrated Care Partnership intends to work together to address the health needs of the 2.8 million residents of the region.
HPV	Human papillomavirus
NIHR	The National Institute for Health and Care Research
HCV	Hepatitis C
HIV	Human Immunodeficiency Virus

<a href="#">HIV Action Plan 2021</a>	The UK Government released Towards Zero: the HIV Action Plan for England in 2021, setting out its priorities to end new HIV transmissions between 2022 and 2025. The plan came with £20 million of funding over three years (2022 to 2025) to expand HIV opt out testing in emergency departments.
ICB	Integrated Care Board
ICS	Integrated Care System
JHS	Joint Health Scrutiny
Lived Experience	Refers to the personal experiences and perspectives of individuals who have directly encountered a particular situation or condition.
LGBTQ+	Lesbian, Gay, Bi, Trans, Queer, Questioning and Ace
LTC	Long Term Condition
MAHSC	Manchester Academic Health Science Centre
Mpox	Formerly known as monkeypox is a rare disease caused by infection with the Mpox virus.
NHSE	NHS England
NHS England Service Reconfiguration Gateway	Is a platform or process used by NHS England to manage and oversee changes to healthcare services within the NHS in England. Its purpose is to ensure that any proposed changes to services are aligned with the NHS's strategic objectives, are evidence-based, and will improve the quality and efficiency of care.
NICE	The National Institute for Health and Care Excellence (NICE) is an independent organisation in the United Kingdom that provides evidence-based guidance and advice on health and social care.
O&S	Overview & Scrutiny
PISA	Programme for International Student Assessment

Secretary of State for Health and Care	Is responsible for the work of the Department of Health and Social Care, including: overall financial control and oversight of NHS delivery and performance. oversight of social care policy.
STIs	Sexually Transmitted Infections
Specialist Weight Management Service	A healthcare program designed to provide comprehensive support for individuals looking to lose weight and improve their overall health.
<a href="#">UNAIDS</a>	A high-profile, high-level political advocacy drive to accelerate actions and investments to prevent HIV.
Cardiac and Arterial Vascular Surgery	A surgical specialty that focuses on treating conditions related to the heart, arteries, and veins. It involves surgical procedures to repair or replace damaged blood vessels and address heart problems.
VCFSE	The voluntary, community, faith, and social enterprise sector