

## Appendix 1

# 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

**Greater  
Manchester  
Integrated Care  
Partnership**

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

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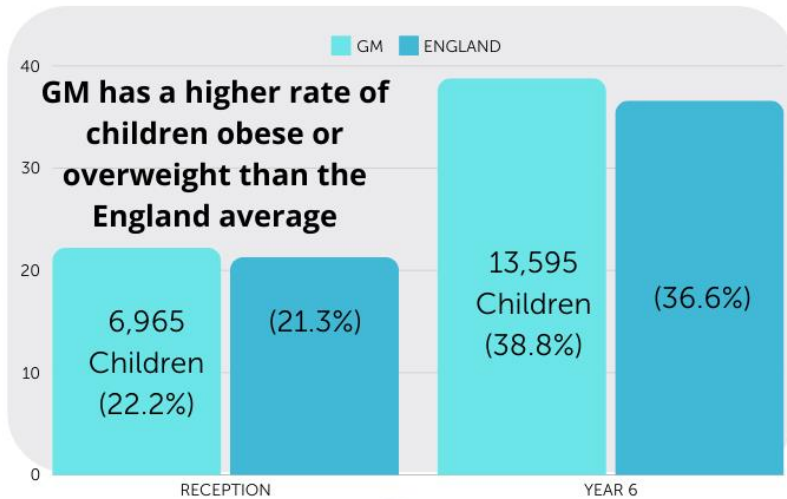
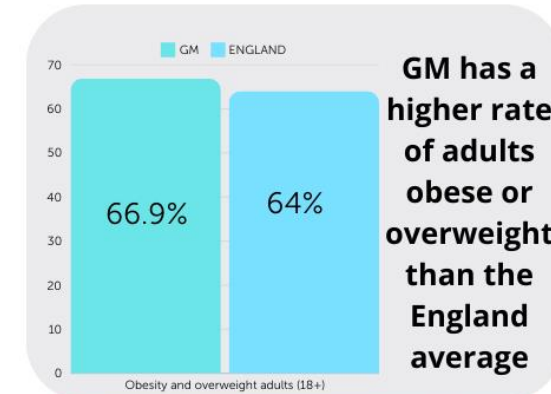
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# The challenge


# 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



There are  
**2.8**  
million people  
in GM

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



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



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.



**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

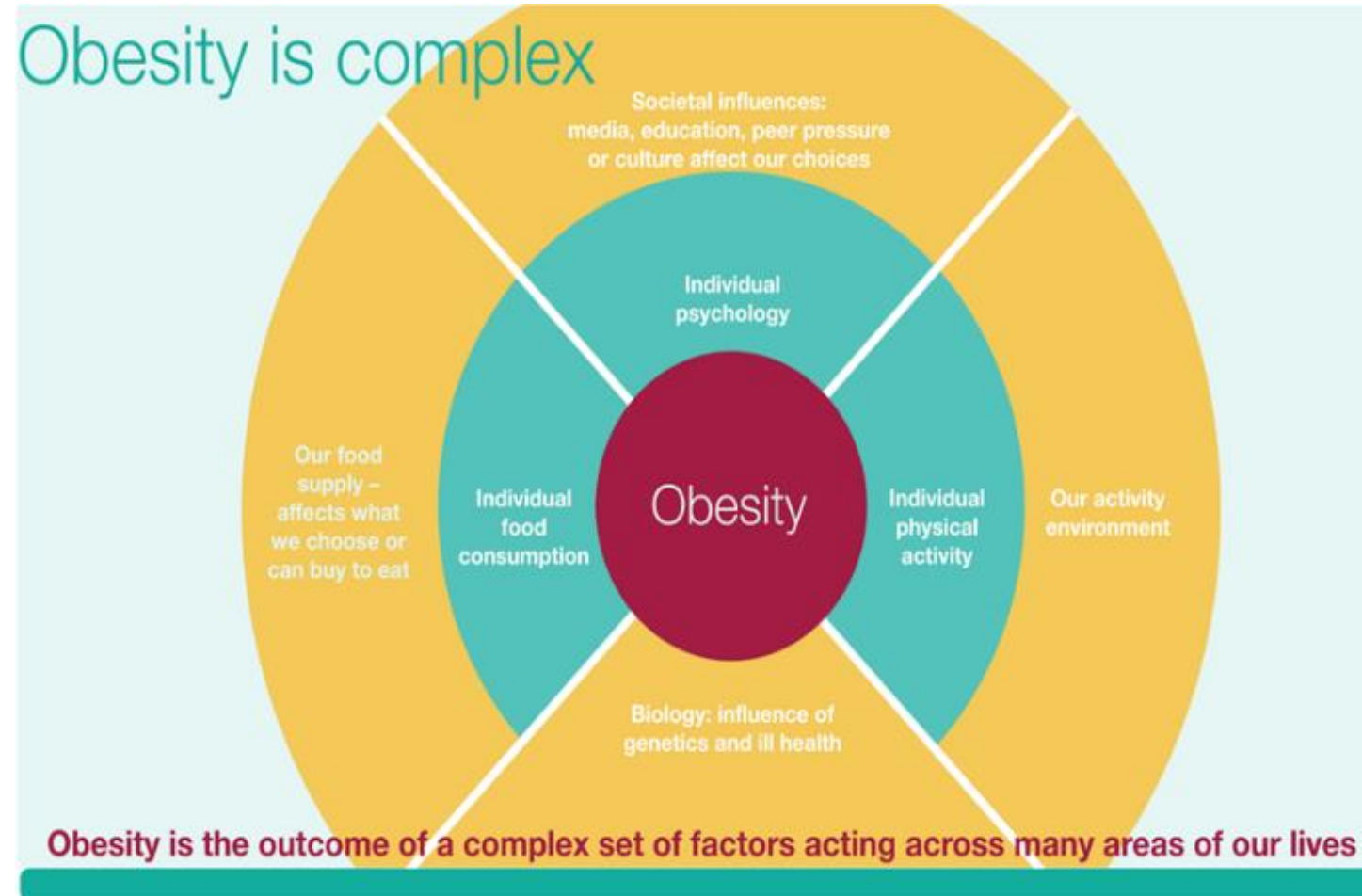
**16%**



# 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.
- 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.**

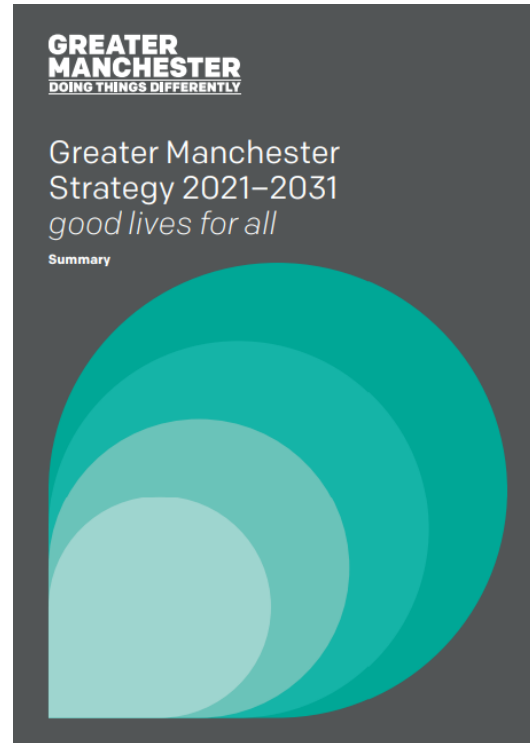


# Our whole system approach

# 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.

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 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.

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

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.

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



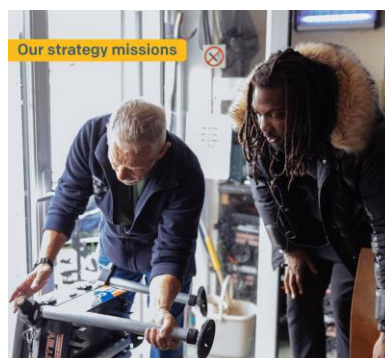
## Strengthen our communities

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



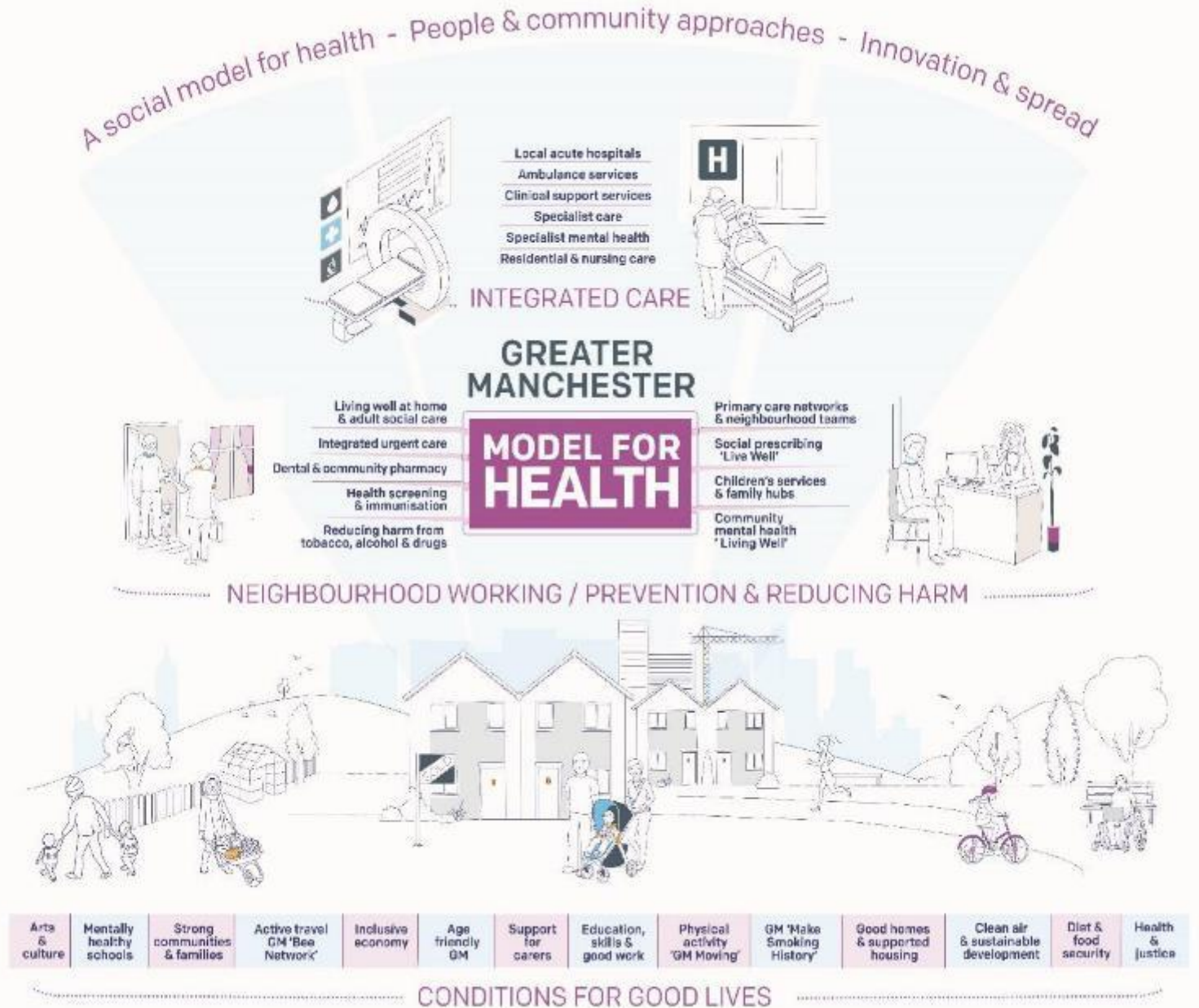
## Achieve financial stability

We will manage public money well to achieve our objectives

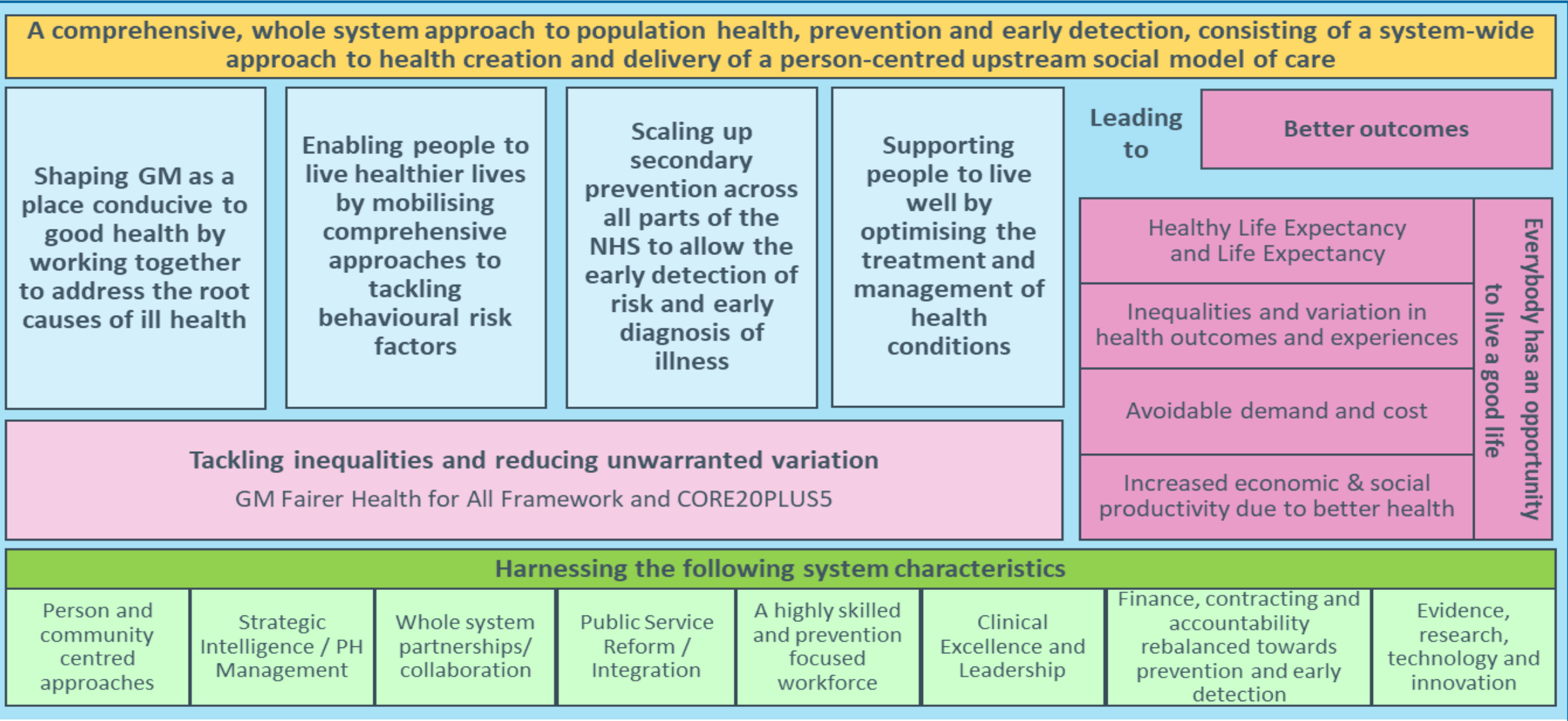


# Whole system approach: Social model for health

- 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

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

## GM Population Health Leadership Group

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

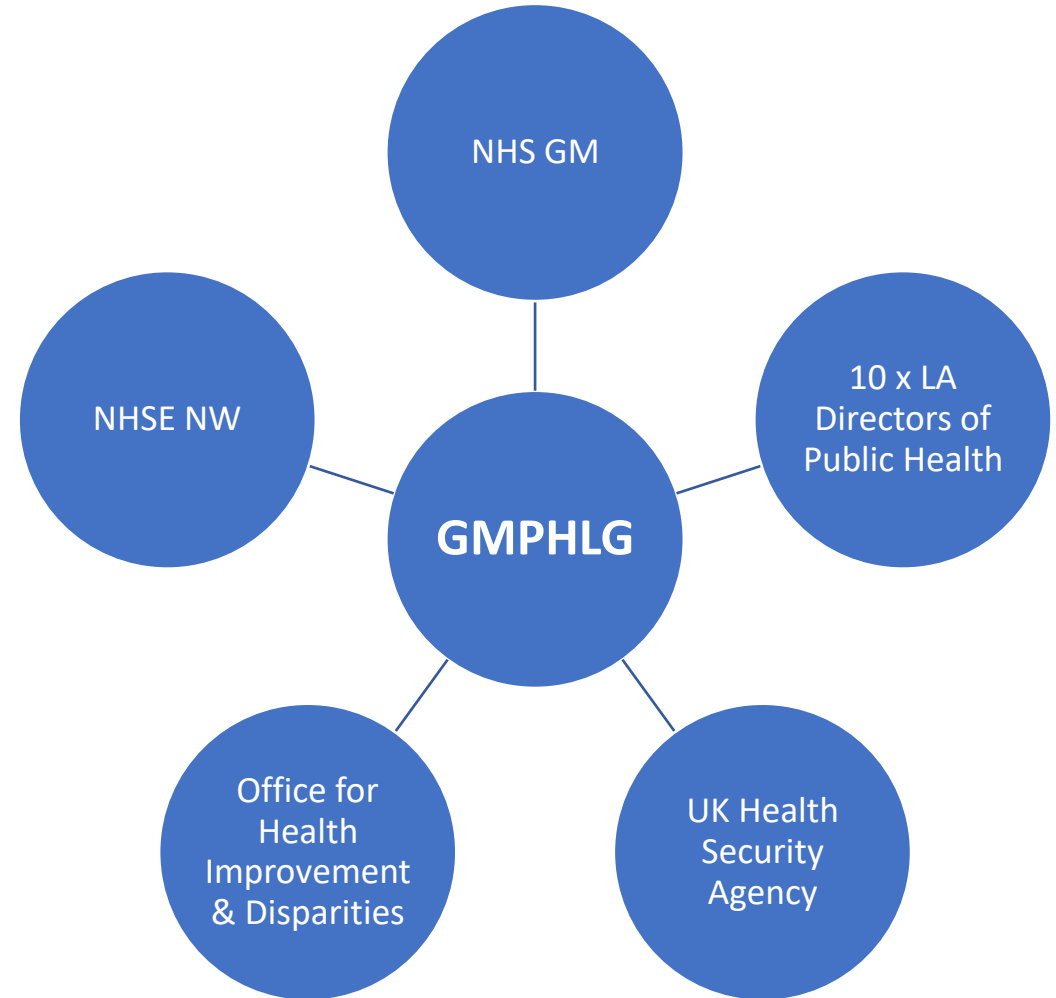
Collectively shaping a whole system, comprehensive approach to Population Health.

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**


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## *Mission*

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

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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
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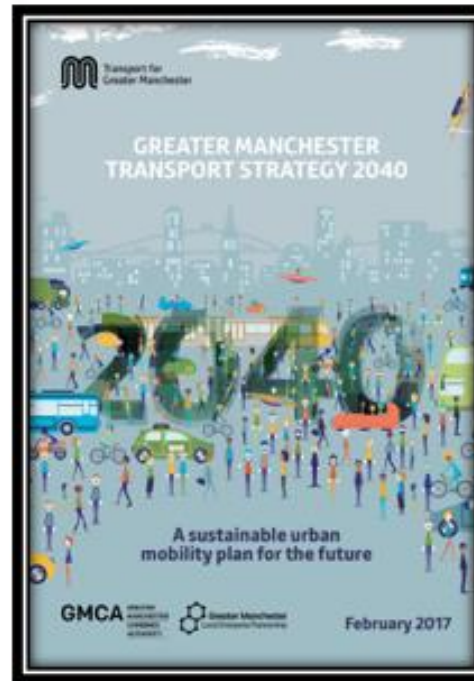
# Strategies: GM level



ICP Strategy



GMS



Transport Strategy



Milan Urban Food Policy Pact



Tackling Health Inequalities



Active Lives for All



Net Zero

# Strategies: Local level



**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.   
Lesley 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 16 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 inequality in HLE, 2009-17' Trafford data.  
https://trafford.gov.uk/wp-content/uploads/2017/06/trafford-hle-report-2017.pdf

Manchester Health & Care Commissioning  
A partnership between  
Manchester City Council  
and NHS Manchester

**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





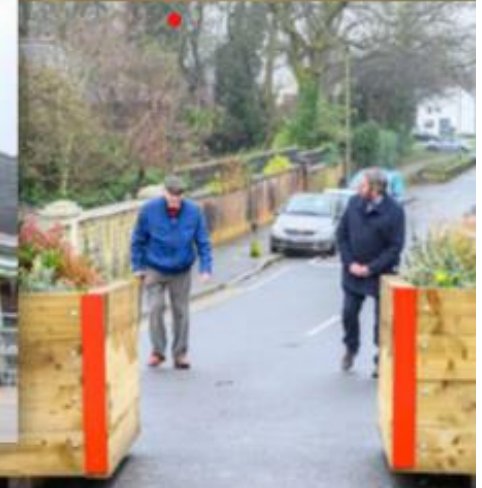
## Initiatives

### 3. Physical activity: GM moving

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#### Active lives for all

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- **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.
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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

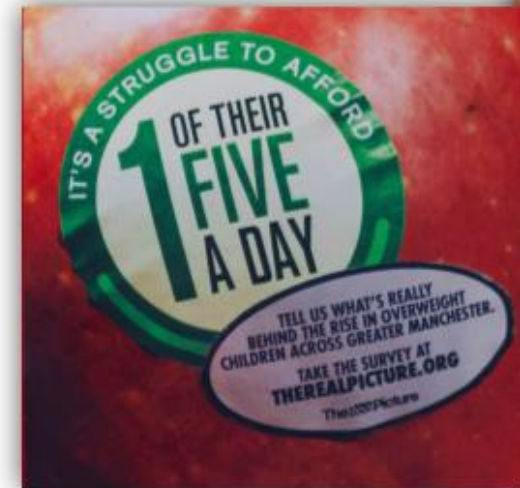
## 4. Healthy environments

### 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
- 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



**#HoldingUsBack**

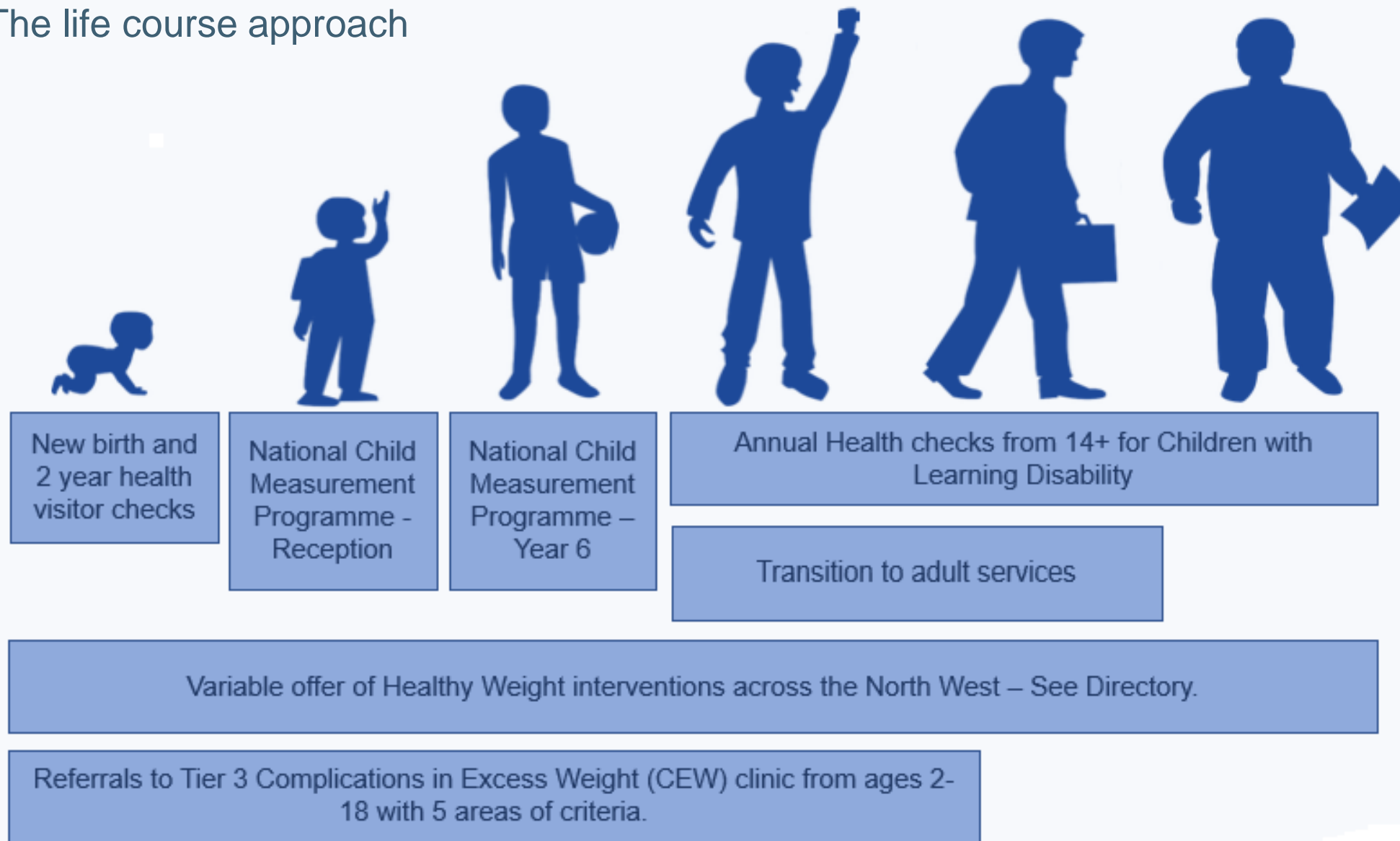




## 5. Prevention, early detection, treatment and support: GM obesity pathway

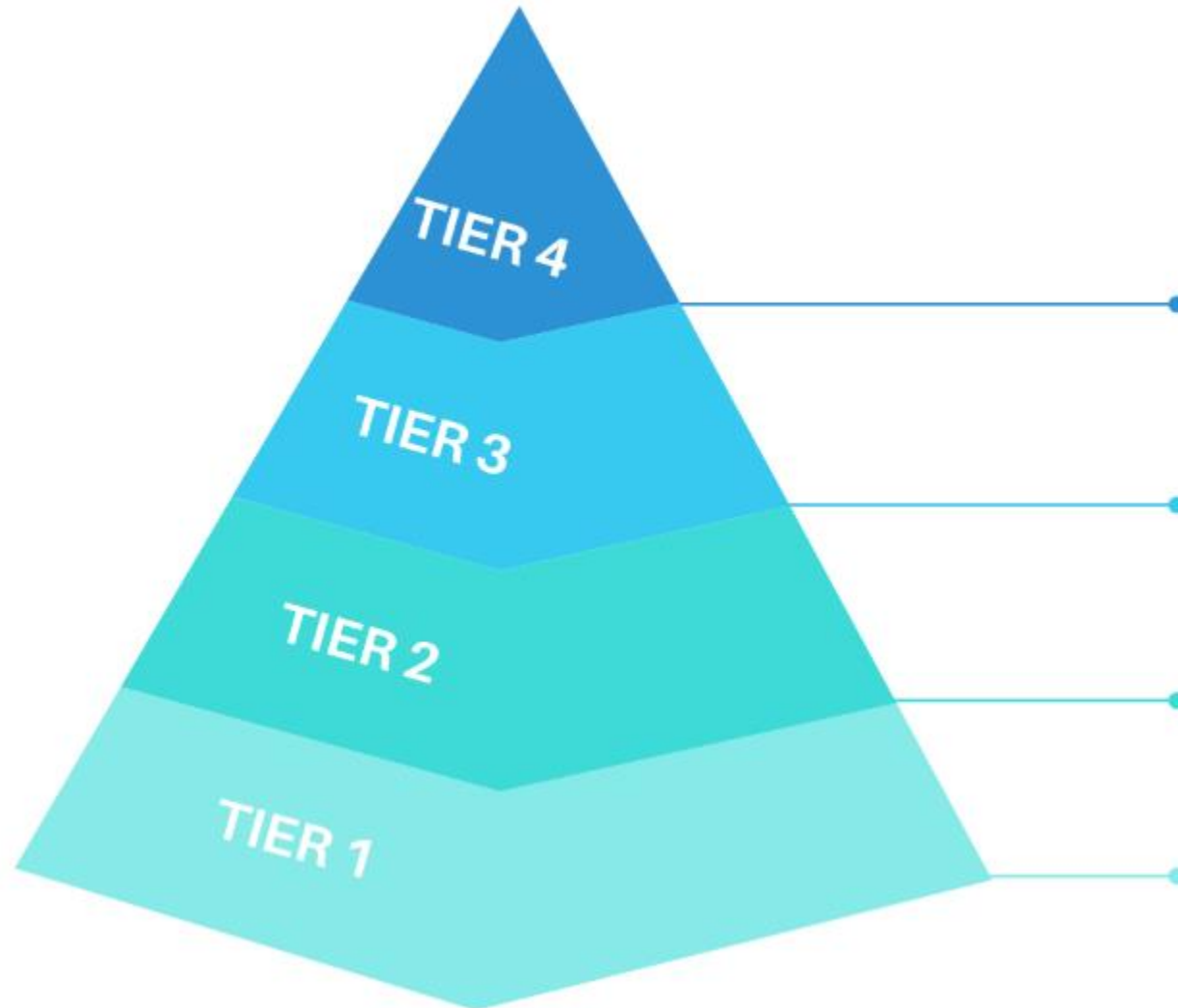
## 5. Prevention, early detection, treatment and support

The life course approach



# 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.

## 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

- 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



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- 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'.

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# Salford pilot: Engagement of resident groups



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Focus group	Participant characteristics	Number of participants
<b>Traveller Community</b>	Mix Travellers of Irish Heritage and Gypsy	Total: 11 women (8 mothers and 3 grandmothers) (F2F)
<b>REVIVE Community</b>	Multicultural- e.g. including Afghanistan, Democratic Republic of Congo, Angola, and Pakistan- English as a second language	Total: 6 women (F2F)
<b>Young Parents</b>	White ethnicity	Total: 6 (F2F) 5 women, 1 man (all have children under 5y)
<b>Luso Connection UK (LCUK)</b>	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
<b>City of Praise</b>	Black African	Total: 15 parents (F2F)
<b>Flowhesion Foundation</b>	Asian, African, Arabic	Total: 7 women aged 25-50 (F2F)
	Pakistani, Indian and Nigerian	Total: 8 women (online survey)
<b>Visible Outcomes</b>	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
<b>Yemeni Community Association (YCA)</b>	BAME background Women- majority spoke Arabic. Men – Arabic only (translator used)	Total: 20 12 women (F2F) 8 men Male (individual interviews)

- **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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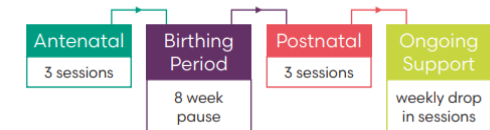
## Maternal Healthy Lifestyles

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

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## 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:

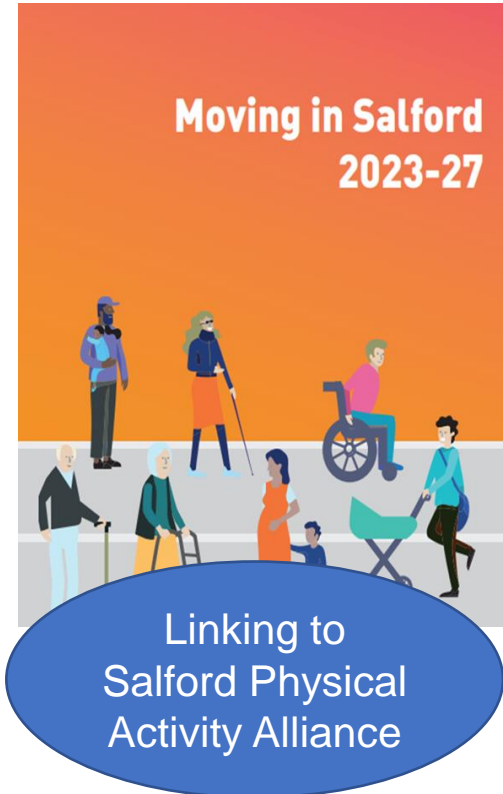
- Increased staff ability to support engagement on activity and live well messages
- Increased activity and living well choices for young families

## 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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## 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.
- Biologoi, genetic and environmental factors contribute to obesity
- Weight bia 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)
- Cups, 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”.*

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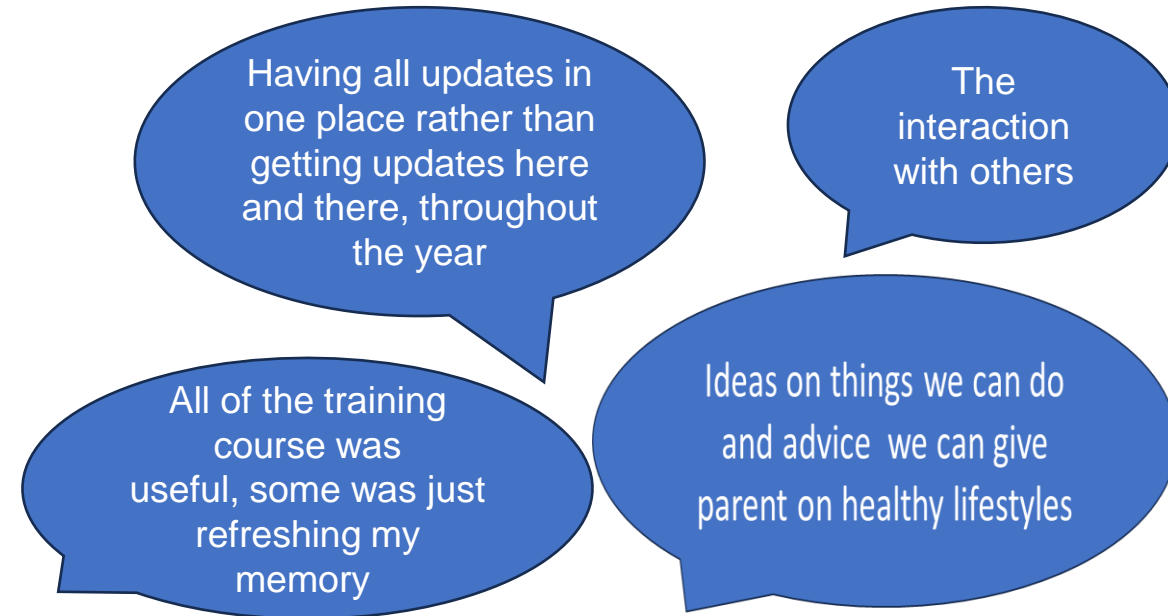


# Impact of pilot – stakeholder feedback

- **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



# 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

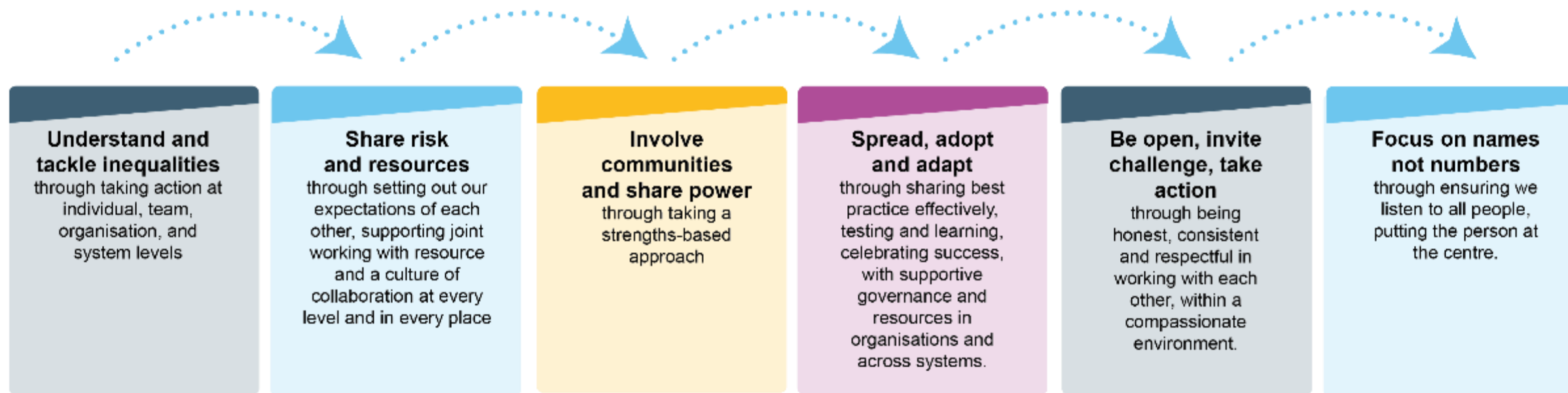
- The journey – taking a different approach, skillset and ways of working
- Strengthening relationships and building partnerships, takes time
- Thinking creatively and engaging with staff
- Requires resource and willingness to be involved and on board with agenda
- Learning and changes along the way 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

## Pilot challenges

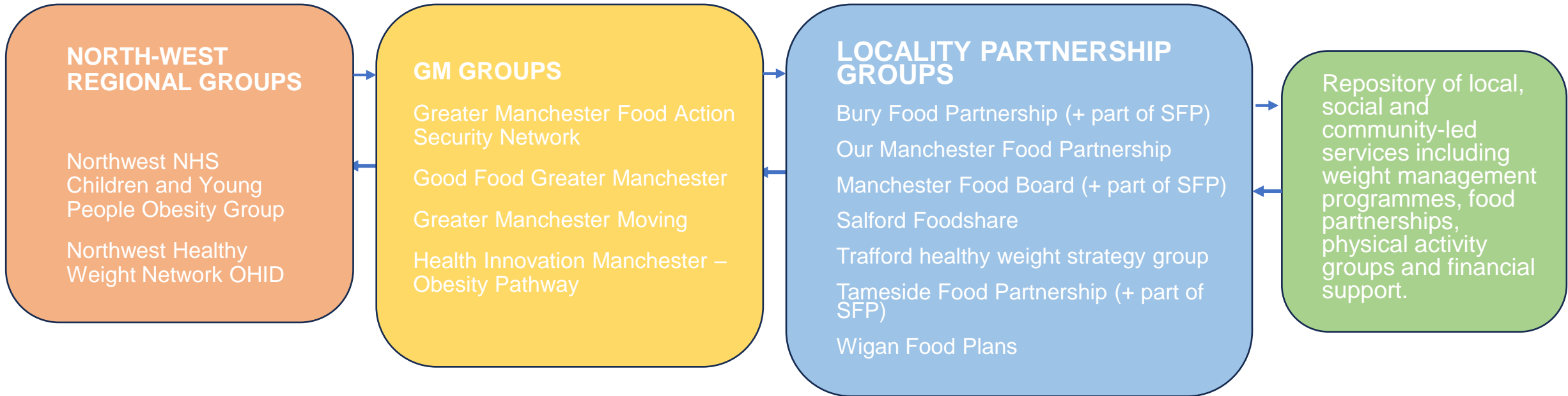
- Staff/clinician availability to attend certain meetings
- Acknowledgement of need for resource capacity for connection role/system connector (staff taking this on as additional ask on top of their roles).
- Consideration of resource required for sustainability of work around integration
- Learning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

# Mechanisms for shared learning

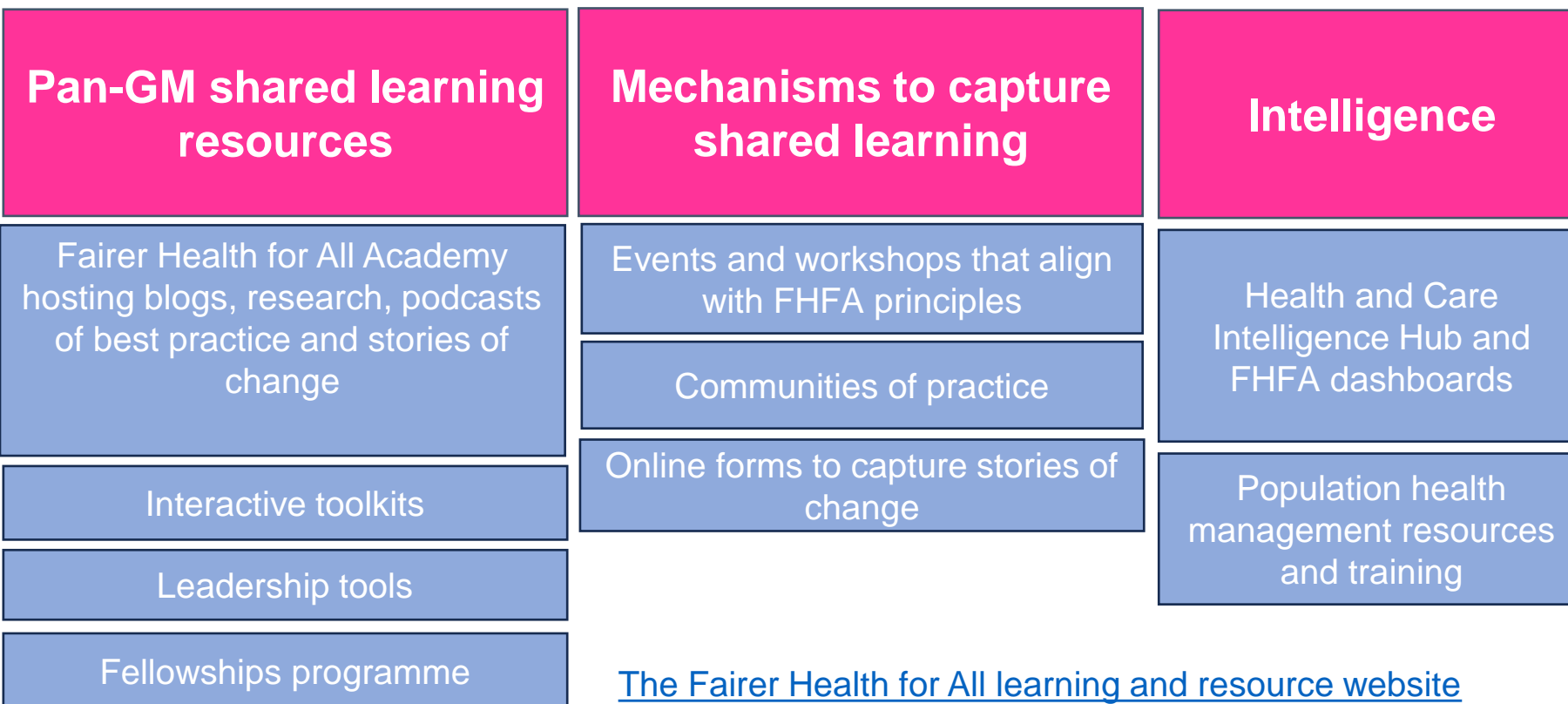
# Shared learning: How we work together



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



# Shared learning: Fairer Health for All tools and resources



# Opportunities and challenges



## Opportunities

- 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



## Challenges

- 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





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