

**Minutes of the Meeting of the Greater Manchester  
Joint Health Scrutiny Committee held on 10 September 2024,  
GMCA, Boardroom, 56 Oxford Street, Manchester M1 6EU**

**Present:**

Councillor David Sedgwick	Stockport Council (Chair)
Councillor Elizabeth FitzGerald	Bury Council
Councillor Eddie Moores	Oldham Council
Councillor Zahid Hussain	Manchester City Council
Councillor Peter Joinson	Rochdale Council
Councillor Irfan Syed	Salford City Council
Councillor George Devlin	Trafford Council
Councillor Ron Conway	Wigan Council

**Officers in Attendance:**

Deborah Blackburn	Director Childrens Commissioning, Nursing and Wellbeing, Salford City Council
Claire Connor	Director Communications & Engagement, NHS Greater Manchester
Mark Fisher	Chief Executive, Greater Manchester
Jenny Hollamby	Senior Governance & Scrutiny Officer, GMCA
Jess Holloway	Strategic Lead – Population Health, NHS Greater Manchester
Jane Pilkington	Director of Public Health, NHS Greater Manchester
Nicola Ward	Statutory Scrutiny Officer, GMCA
Sara Roscoe	Head of Primary Care and Transformation, NHS Greater Manchester

**JHSC/55/24            Welcome & Apologies**

The Chair opened the meeting and welcomed all those present and thanked them for their attendance.

Apologies for absence were received and noted from Councillor Linda Grooby, Councillor Jackie Schofield, Councillor Naila Sharif, and Councillor Sophie Taylor.

Apologies for absence were also received and noted from Warren Heppolette and Sir Richard Leese.

**JHS/56/24            Chair's Announcements and Urgent Business**

There were no Chair's announcements or urgent business introduced.

**JHSC/57/24            Declarations of Interest**

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

**JHSC/58/24            Minutes of the Meeting held on 16 July 2024**

**RESOLVED/-**

That the minutes of the meeting held on 16 July 2024 be approved as a correct record subject to Councillor Peter Joinson and Councillor Irfan Syed being added to those present.

**JHSC/59/24            NHS Greater Manchester Chief Executive's Update**

Member's considered a presentation provided by Mark Fisher, Chief Executive, supported by Claire Connor, Director of Communications and Paul Lynch, Director of Strategy and Planning, NHS Greater Manchester, which served as a statement of intent, outlining the significant challenges facing the health and care system in Greater Manchester, including a substantial financial deficit. The presentation

emphasised the need for a new approach to service delivery and announced a collaborative partnership with NHS England to develop a comprehensive Single Improvement Plan. Additionally, the presentation introduced the Fit for the Future Engagement Plan, which aimed to involve stakeholders and the public in decision-making, ensuring that the population health, performance and financial goals were aligned with the needs of the community.

It was reported that despite a significant financial deficit, exceeding £400 million, NHS Greater Manchester also faced challenges related to declining population health. Key areas of concern included health inequalities, obesity and physical inactivity, mental health issues, amongst other public health challenges. To address these challenges, alongside some performance issues, NHS Greater Manchester was collaborating with NHS England to deliver a comprehensive Single Improvement Plan. This strategic document outlined priorities and actions for enhancing the quality of healthcare services in Greater Manchester. The plan was a collaborative effort involving the NHS Greater Manchester Integrated Care Board (ICB), Local Authorities (LAs), and other stakeholders. NHS Greater Manchester was committed to involving staff, residents, and communities across Greater Manchester in the creation of this plan to effectively address the region's healthcare needs.

To further increase the awareness of residents regarding the challenges facing the NHS Greater Manchester, the Fit for the Future programme had been launched, which would conclude at the end of the year. The programme provided residents and local communities with the opportunity to discuss pressing issues such as the financial situation, waiting times, and the prevention of ill health. Through on-line surveys and multiple of listening events valuable insights were being gathered from a diverse range of stakeholders. Early results indicated a strong desire for a focus on prevention, improved financial management, enhanced services, reduced waste, optimised medication management, effective prescribing, and continued emphasis on quality care. Members were thanked for joining the conversation and supporting the work at a local level.

An update was provided on the Sustainability Plan, which was the subject of a previous Member Briefing. This plan outlined the system's strategic direction for the coming three years. It addressed all aspects of healthcare delivery, effective use of resources, improved population health, and overall system performance. Building upon previous efforts, the focus extended beyond hospitals and doctor's surgeries to encompass the entire city-region. By collaborating closely with communities and Voluntary, Community, Faith, and Social Enterprise (VCFSE) organisations, the plan aimed to improve health outcomes and address systemic challenges. A stakeholder engagement event was scheduled for 11 September 2024 to gather input and support for the plan. The plan would be presented to the NHS Greater Manchester Annual Meeting on 18 September 2024, and to NHS England. Officers agreed to return to the Committee in future to provide an update on implementation and delivery.

Highlighted as important was a need to show how the system both returned to a financial balance through addressing the underlying financial deficit and secured a sustainable future through tackling where demand on services were expected to increase and implement new models of care. Despite cost improvement programmes, new models of care were needed as the savings were not sufficient to address the deficit.

While no explicit Government directives had been issued, it was anticipated that the focus of the new Government would shift towards prevention and reducing waiting lists. Members were asked to get involved in lobbying work, to influence the Government on certain themes with the emphasis on the prevention first approach.

In collaboration with the GMCA and LAs, Members heard about the transformative work and health programme. This initiative used integrated data to identify, individuals who required a health or skills intervention before returning to the workplace. By connecting job centres, primary care, and GPs, the programme aimed to improve resident outcomes, stimulate economic growth, and ensure a sustainable

NHS. Work was taking place with Health Innovation Manchester to explore how health could be recognised as a key contributor to the city-region's economic development. Additionally, the potential role of life sciences in driving economic growth through advancement of drug testing were being examined.

In terms of capital investment and regeneration, many years of insufficient investment had left the health estate buildings across GM in need of repair, making it difficult to provide high-quality services. Further thought needed to be given as to how the NHS and Government managed capital investment. Examples where current rules prevented the required flexibility of funding included The Christie NHS Foundation Trust, North Manchester General Hospital, and Stepping Hill Hospital. NHS Greater Manchester wanted to partner with Government to connect housing, health, and care to reduce demand. It also had aspirations to completely reform the children's social care market across Greater Manchester which would need capital and direct public sector provision. Lobbying on a new approach to capital investment was already underway via the GM Mayor.

The following current performance metrics, which were not necessarily assessed by NHS England, were reported at the meeting:

- Accident and Emergency (A&E) 4-hour target, which had been challenging to achieve since the pandemic, was 2% better than August 2023 so there had been an improvement. However, in July 2024 it was below the target of 71.6% at 68.6%.
- Ambulance response times in GM were currently exceeding the national targets and were ranked highly in the national ambulance handover statistics.
- There was an increased percentage of patients receiving a faster diagnosis of cancer exceeding the target at the end of June 2024 at 77.2% against a target of 74.6%.
- There was an improving trend around mental health out of area placements, which could prove challenging for the patient or family. The current month to date figure was 81 against an end of August 2024 plan of 73.

- 15% more GP appointments were being provided, which was higher than last year so had significantly improved access.

Recognition was given to the countless individuals working in hospitals, primary care, and community settings throughout Greater Manchester for achieving improved performance in lots of areas. However, it was emphasised that significant challenges remained.

Success was somewhat contingent upon Government re-positioning and a Member inquired about any potential insights. It was anticipated that if there were a greater emphasis on prevention, there could be more flexibility in resource allocation and the focus of performance would shift from hospital performance to overall improved health within the city-region.

A Member enquired about prescribing practices and were informed that the Chief Medical Officer was collaborating with GP practices to enhance prescribing efficiency and reduce waste and duplication. A financial target had been set to achieve these goals with a particular emphasis on encouraging the use of generic drugs over more specialised medication.

Although it was clear that NHS Greater Manchester was passionate about making a difference, members wanted to understand how the goals would be achieved. Additionally, regarding the financial deficit, a Member asked Officers to elaborate on the steps taken to reduce it thus far and provide a timeline for when NHS Greater Manchester expected to achieve a balanced budget. Hospitals had implemented cost-saving measures through enhanced productivity initiatives, with each Trust having a dedicated Sustainability Plan. NHS Greater Manchester was also focused on optimising their payment system and ensuring that services were delivered efficiently. To reduce demand, priority would be on preventive measures, such as addressing obesity and implementing timely blood pressure monitoring. By targeting resources effectively, it was believed that investing in prevention would contribute to a balanced budget. However, it was crucial to recognise that everyone within the system had a role to play in achieving these goals.

While a Member appreciated the proposed approach, previous discussions with Members had highlighted the limited funding available for prevention and voluntary groups. Given that public health budgets were controlled by Councils and facing increasing pressures, and revenue budgets were relatively fixed, how would the transition of funding be managed. Officers agreed to return to the Committee once the Sustainability Plan was approved to go into detail about how elements were delivered and by whom. Achieving the goals required a collective effort from Locality Boards, Working Neighbourhoods initiatives, hospitals, their leaders, and primary care providers.

Given that some GP practices were no longer suitable for modern healthcare needs, NHS Greater Manchester was asked about capital investment in primary care. This was highlighted as particularly important as outdated facilities could negatively impact recruitment and patient care. Primary care would also benefit from strategic investments in facilities, and there were numerous examples of where services could be improved and delivered more cost-effectively. NHS Greater Manchester would engage with the Government to discuss these opportunities. Additionally, consideration should be given to the optimal locations for primary care services and the appropriate scale of operations to meet the needs of communities.

A Member questioned how NHS Greater Manchester would know that the proposed changes were equitable and address the specific needs of disadvantaged communities. It was also asked; how all demographic groups would be effectively engaged so they could benefit from any changes. To address these concerns, NHS Greater Manchester would focus their efforts on areas with high levels of inequality. With a proven track record of reaching the right target audiences, NHS Greater Manchester highlighted their successful collaboration with community leaders during the pandemic to deliver vaccinations to diverse communities. The same proven approach would be continued to ensure that the any changes were beneficial and that services are accessible and equitable.

A Member referred to the lobbying efforts of the Mayor of Greater Manchester to ensure there was sufficient funds to deliver a sustainable future and asked what work was taking place to support that lobbying and if evidence to show the reduced

financial deficit had been shared. It was also asked about the role of NHS England and if it could be of assistance. Officers had provided input into a letter to Government from the Mayor of Greater Manchester, outlining the urgent need for changes. The letter, supported by case studies from Stockport, Wythenshawe, and The Christie, emphasised the necessity for greater autonomy in capital spending to drive economic growth. Additionally, Officers would ask for a revised resource allocation system to address regional disparities in NHS funding. While NHS England expressed support for these objectives, it was important to adopt an approach that considered the entire healthcare system and broader performance metrics.

A Member raised a question about engagement and referred to the Big Conversation regarding 'Fit for the Future'. Whilst most messages were understood and residents knew the NHS financial position was difficult, they questioned why communication regarding appointments etc was so poor. Officers recognised the problems being experienced and reported that efforts were being made to improve the customer facing service delivery and there had been investment in the Digital Strategy. Reference was made to the successful implementation of the Epic digital system at the Manchester Foundation Trust, which served Trafford. This on-line platform enabled residents to manage appointments efficiently. It was anticipated that this cost-effective system would be adopted by hospitals across Greater Manchester. Moreover, digital platforms would also be used to facilitate communication, engagement, and collaboration with individuals and the wider community regarding NHS Greater Manchester initiatives and important campaigns like the Winter campaign, which emphasised the importance of preventative health measures.

A Member asked about the financial deficit facing NHS Greater Manchester and the planned approach to address it. The Sustainability Plan, a transformative initiative, was poised to address these challenges. Building upon the region's successes in population health, the plan outlined radical yet practical strategies for sustainable service delivery.



While external recognition, such as a beacon status, could be valuable, the Committee agreed that the goal was to improve the health and well-being of residents. A Member suggested that the focus should be on ensuring that the healthcare system delivered the best possible outcomes for individuals and communities. Mark Britnell, Chair of the Health Innovation Manchester Board, and a global healthcare expert, praised the region's exceptional data integration, a key factor in achieving its ambitious goals. Devolution, too, had played a vital role in improving the health of Greater Manchester residents, surpassing comparable areas in England. The Sustainability Plan would help GM to continue this positive trajectory.

Despite the numerous public consultations, a Member questioned how NHS Greater Manchester would address the issue of the public remaining unaware of service changes or losses until they happened. The Director of Communications and Engagement outlined the Reconfiguration Progress Report and Forward Look, which detailed planned or ongoing service changes and associated engagement activities. The monthly update, shareable with colleagues, would disseminate information about upcoming developments and provide opportunities for elected member involvement. Extensive efforts had been made to engage clinical groups, Healthwatch, the VCFSE sector, GPs, and hospitals, ensuring that service users were involved in the consultation processes.

Members were pleased with the reference to proposed works at Stepping Hill in the presentation and expressed strong support for the project, emphasising its urgent need due to the building's deteriorating condition.

**RESOLVED:**

1. That it be noted that the Chief Executive, NHS Greater Manchester would return to the Committee to discuss the delivery and implementation of the Sustainability Plan.
2. That it be noted that Members were requested to get involved in lobbying efforts to influence Government to shift their performance measures towards a prevention first approach.

3. That it be noted that Members agreed to share the Reconfiguration Progress Report and Forward Look to keep colleagues and residents updated.

## **JHSC/60/24                      Reconfiguration Progress Report and Forward Look**

Claire Connor, Director of Communications & Engagement, NHS Greater Manchester, presented a report detailing the latest progress on proposed service redesign projects and associated consultation/engagement activities across Greater Manchester. While the scope of these projects varied, and not all might necessitate a full consultation, it was crucial that the Committee maintained an oversight to ensure transparency and accountability.

A brief summary was provided and noted as follows:

1. Adult Attention-Deficit/Hyperactivity Disorder (ADHD) – this project had passed through the NHS Gateway. The next step was to provide a business case. It was anticipated the consultation would commence in November 2024.
2. Children’s ADHD – engagement was being planned to understand user needs and would be launched in early September 2024 for a minimum of eight weeks.
3. In vitro fertilisation (IVF) Cycles – the engagement phase was concluded, and the options appraisal process was underway. The project was advancing through the initial stages of the NHS England assurance process
4. Specialised Commissioning - cardiac and arterial vascular surgery and Northwest Women and Children’s Transformation Programme were being considered through scrutiny arrangements as they covered the Northwest region not just Greater Manchester. There would be an opportunity for Members provide their comments when the Committee considered the projects.
5. Specialist Weight Management – early engagement had begun and would continue until October – November 2024.
6. Diabetes Structured Education – this project was about providing consistency across localities.

7. Northwest Women and Children's Transformation Programme – this project would be led by the Northwest Specialist Team and more detail would be provided when it was available.
8. The timeline was to be confirmed for the consultation on children's autism.

Members were encouraged to contact the Director of Communications and Engagement if they had a specific interest in the topics discussed in the report or knew of groups or communities that would be interested in participating.

A Member enquired about engagement with marginal groups like refugees or asylum seekers and asked how the Fit for the Future initiative would reach them. NHS Greater Manchester relied predominately on local healthcare professionals to identify individuals and groups for engagement. Community-based professionals played a crucial role in leading engagement efforts, leveraging their local knowledge and expertise.

The Member suggested that Salford City Council could assist with communications and engagement efforts, emphasising the importance of partner and stakeholder involvement in achieving a successful outcome. The offer of assistance was warmly received. Members' role in promoting NHS Greater Manchester's work, given their broader Councillor responsibilities, was emphasised. Comprehensive Stakeholder Briefing Packs had been distributed to Council Chief Executives, Directors of Place, Chairs of Health Overview and Scrutiny Committees in each locality, Health, and Social Care leads and many more to encourage everyone to contribute to raising awareness of the Fit for the Future initiative and foster meaningful discussion.

A Member enquired about individuals who might be living in Greater Manchester from another area, undetected by authorities, police, local residents, or potentially even originating from another country and living in isolation, who were difficult to reach due to their anonymity. NHS Greater Manchester relied heavily on the VCFSE sector to establish relationships and build trust with individuals who might otherwise be difficult to reach. However, reaching individuals who had not yet been engaged remained an ongoing challenge.

## **RESOLVED/-**

1. That it be noted that the Committee welcomed and endorsed the report.
2. That it be noted that Members were encouraged to contact the Director of Communications and Engagement NHS GM if they had a specific interest in the topics discussed in the report or knew of groups or communities that would be interested in participating in engagement.
3. That it be noted that the timeline be confirmed for the consultation on children's autism.
4. That it be noted that Members were asked to contribute to raising awareness of the Fit for the Future initiative.
5. That it be noted that the Northwest Women and Children's Transformation Programme detail be shared with Members in due course.

### **JHSC/61/24            Greater Manchester Approach to Obesity Prevention**

Jane Pilkington, Director of Population Health at NHS Greater Manchester, Deborah Blackburn, Director of Children's Commissioning, Nursing, and Wellbeing at Salford City Council, and Sara Roscoe, Head of Primary Care and Transformation at NHS Greater Manchester, provided a comprehensive presentation on Greater Manchester's approach to obesity prevention in response to the Committee's request. The presentation outlined the region's obesity rates, their significant impact, and the complex underlying factors contributing to the issue. The presentation also highlighted the current initiatives and future plans to reduce obesity rates across Greater Manchester, showcasing successful healthy weight programmes and a case study from Salford City Council demonstrating effective early years interventions to promote healthy lifestyles.

Obesity and related conditions had become a global health epidemic, leading to a significant increase in early mortality rates. In the UK, approximately one-quarter of adults were obese, while another third was overweight. Greater Manchester faced an even more pressing challenge, with 66% of adults falling into these categories, surpassing the national average of 64%.

Deprived areas were particularly impacted by this crisis. The complex interplay of social, environmental, economic, individual, and biological factors contributed to unhealthy weight. In Greater Manchester, 1.1 million people, or 20% of the population, resided in the most deprived areas in the UK, highlighting the region's unique challenges in addressing this health crisis.

The built environment, where residents lived and worked, significantly impacted sedentary lifestyles. Urban planning initiatives that promoted safer walking, cycling, and recreational opportunities were crucial in addressing obesity. Additionally, the widespread availability and promotion of high-fat, sugary, and salty foods had contributed to the obesity epidemic.

In terms of the Greater Manchester approach a collective responsibility was needed to address the root causes. Tackling childhood obesity was a shared challenge and part of the wider vision for Greater Manchester and was encapsulated in the Greater Manchester Strategy. The ICP six missions were referred to and obesity prevention was weaved across the ambitions. An example of the 12-week digital weight management programme was used to show how obesity prevention touched many different aspects of the programme.

Food and healthy weight were central themes across all Greater Manchester strategies, both at the regional and local levels. Examples such as Bury's Food Strategy and Manchester's Healthy Weight Strategy demonstrated this commitment. Since the pandemic, initiatives had focused on food security, ending holiday hunger (Marcus Rashford campaign), providing healthy start vouchers, supporting those in crisis, and establishing community fridges in Oldham, Salford, and Hyde. Future efforts would prioritise creating healthier environments and addressing the commercial determinants of health.

Addressing the commercial determinants of health was a key priority for the Director of Population Health and the ten Directors of Public Health in every locality. Work was taking place across Greater Manchester to restrict junk food advertising across

the estate and with Action on Smoking and Health (ASH) to end the harm caused by tobacco. It was envisaged that this work would have national significance.

The most significant factors contributing to childhood obesity, as identified by residents, were easy access to unhealthy food, excessive screen time, sedentary lifestyles, junk food advertising, and confusion regarding the nutritional quality of food. To provide Members with insights into their local residents' perspectives, the results of recent Consultation specific to each locality would be shared with Members.

Also mentioned was the survey conducted by youth organisations, which revealed that one-third of young people were influenced by junk food advertising to purchase products. One respondent reported seeing a staggering 178 junk food advertisements during their daily commute to school. Unsurprisingly, Manchester city centre was found to have the highest concentration of such advertisements. The survey results clearly indicated a strong desire among young people to address this issue.

At the national level, the consumption of tobacco, alcohol, and unhealthy food and drink was a significant driver of ill health and economic burden in England. These factors were the leading causes of death in the country. There was a need for greater focus on reducing the consumption of harmful products and finding ways to counterbalance the influence of industry with individuals' rights to a healthy and productive life. The Director of Population Health agreed to address this issue in more detail in a future Committee meeting.

Sara Roscoe, Head of Primary Care and Transformation, presented the Salford Specialist Weight Management Service, a tiered approach offering multidisciplinary interventions for individuals with severe obesity and complex needs. Today's discussion would focus on tier 3 and the challenges faced by several localities across Greater Manchester.

Despite a high demand for tier 3 services, current provision appeared inadequate, with over 6,000 patients on waiting lists and some facing up to a year's delay. Only

40% of referrals were assigned to interventions, and high dropout rates, likely influenced by long waiting times, suggested that the national GP scheme might incentivise referrals for patients not ready to participate.

While around 70% of those assigned to interventions started, only 65% completed a programme. Variations in commissioning, capacity, cost, uptake, and eligibility criteria existed between localities. These factors contributed to the overall challenges in providing effective tier 3 weight management services across Greater Manchester.

The affordability of new weight management drugs recommended by the National Institute for Health and Care Excellence (NICE) for specialist weight management services in Greater Manchester was a complex issue. Drug costs, NICE recommendations, commissioning decisions, prioritisation, and patient access all played a role in determining whether these treatments were accessible to those who needed them. While these drugs could improve patient outcomes, their high cost and potential barriers to access must be carefully considered to ensure equitable healthcare. This development would increase access to effective drugs. However, media attention surrounding these drugs had sometimes conveyed misleading information. Significant engagement was expected in this area, and Officers would return to the Committee to present their findings in due course.

Deborah Blackburn, Director of Children's Commissioning, Nursing, and Wellbeing at Salford City Council, presented the Salford Integration Pilot. Funded by NHS England through a competitive bidding process, the pilot aimed to significantly reduce childhood obesity in the city.

By prioritising physical activity, healthy eating, and good oral health during the antenatal, postnatal, and early years stages, the pilot aimed to prevent the development of unhealthy habits in children. The approach emphasised compassion and empathy to reduce weight stigma. The initiative also facilitated opportunities for families to work together to reduce obesity and manage excess weight

Various initiatives were implemented in Salford to increase the number of children reaching reception at a healthy weight. These efforts included exploring Virtual Care

for Obesity (VCC), Food Clubs, and collaborating with early years settings so they understood their role in supporting the oral and physical health milestones and having a good relationship with food.

Despite a rise in healthy-weight children at reception, weight increased by year 6. Efforts focused on understanding childhood experiences, improving inter-organisational collaboration, and promoting healthy lifestyles (inspired by the Amsterdam model). Barriers to change were also being identified, and Private Voluntary Independent (PVI) nurseries and maternity providers were engaged to support these efforts. There was also a development of supportive services for individuals with a high Body Mass Index (BMI).

The impact and stakeholder feedback from the pilot reported that 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, 12/19 colleagues reported improved connection with another team and 11/19 colleagues reported more frequent contact with external teams, which had improved working and connections.

The Director of Public Health summarised the challenges as, need and demand outstripped commissioned services and current system response, affordability of new weight management drugs (recommended by NICE for special weight management) and lack of sufficient national focus, investment, and population-level approach in this area. The role of the integrated care system was to reduce unwarranted variation in access and outcomes, review of specialist weight management services as part of a whole-system response to obesity, better understand the root causes of obesity and enhanced focus on the commercial determinants of health and their contributing role to obesity prevalence.

The Chair expressed gratitude to the Officers for their informative presentation and appreciated the practical examples that showcased their on-the-ground work.

Member asked about teaching domestic science education in schools and sought advice for individuals seeking to exercise despite limitations. For those with injuries



or heart problems, for example, Exercise on Prescription (EoP) was recommended, along with strategies for managing symptoms, on which there was a big emphasis. In terms of science education, variations existed across localities, leading to a mapping exercise to assess the situation. Through the Food Share Network, initiatives such as food distribution, and cooking classes were implemented to enhance access to healthy food and cooking skills.

The Member from Salford agreed that obesity was a global epidemic and welcomed engagement in the Salford Pilot. It was asked, given there was a shift in attitude towards lifestyle changes, how would the approach be tailored to all demographic groups. Questions were also asked about how the effectiveness of obesity prevention programme would be monitored and evaluated especially in high-risk groups and how would inequalities in service availability be addressed. The Greater Manchester Population Health Committee would monitor through high-level performance indicators. Localities would also review the reports. To address health inequalities, programmes would be tailored to local needs and given the high demand for services, innovative approaches were necessary. Also being explored were challenges in specialist weight management services and with tier 2 partners and strategies to target at-risk groups were being refined. Eligibility criteria from NHS England was expected and would form part of the Greater Manchester work.

A Member highlighted the recurring issue of violence against women and girls, which significantly hindered many individuals' ability to exercise. Feeling unsafe in public spaces, including transportation, cycling paths, jogging routes, and parking areas, discouraged physical activity. Young people had reported a lack of safe public spaces and transportation options, leading to increased sedentary behaviour and screen time. Officers acknowledged the importance of these issues. Collaborative efforts with the Deputy Chair and Transport for Greater Manchester (TfGM) were underway to make green spaces, public spaces, and transportation safer. It was suggested that violence against women and girls be a detailed focus of a future meeting.

A Member asked a comprehensive question about the complex relationship between obesity and poverty. They explored various factors contributing to health inequalities, including low-income families, Free School Meals (FSM) eligibility, accessibility of health services, reaching marginalised communities, extending lifespan, and combating stigma associated with obesity. NHS Greater Manchester had identified several key challenges and opportunities in addressing health inequalities. One significant challenge was the need for greater devolution to address the root causes of health disparities. NHS Greater Manchester had advocated for FSM meals and emphasised the importance of nationwide population-level interventions and lobbying Government. Another challenge was the stigma surrounding obesity, which required a balanced approach that promoted open discussions about health without stigmatising individuals. However, there were also opportunities for progress. NHS Greater Manchester had comprehensive integrated care records that provided valuable data for analysis. A specific target for healthy life expectancy was being considered as part of the government's new missions, in which Officers were involved. Addressing the striking 15-year gap in the onset of multiple morbidities between the most and least deprived areas was a priority, and the Inequalities Strategy for the Integrated Care Partnership outlines steps to address this issue. However, expanded national efforts were essential to bridge this disparity.

Data insights were discussed, and it was asked what specific conversations and interventions had been implemented to address issues at the earliest possible stage. Additionally, it was asked what data was being used to target individuals who required immediate intervention. Individuals and overarching strategies sought to implement early interventions that were culturally sensitive and beneficial for the health service and the economy. While progress has been made, it was acknowledged that current efforts were inadequate. The integrated care system offered the potential to leverage data from various sources to inform these interventions. The Salford Pilot and the appointment of a Transformation Midwife was an example of initiatives aimed at understanding maternity services and engaging in open conversations with parents about their health and lifestyle. NHS Greater Manchester was collaborating with mothers to deliver these messages as early as possible. However, significant work remained to be done, and services would be developed through insights gained from research and public consultation.

Members would be provided with a public consultation information pack for each locality.

**RESOLVED/-**

1. It was noted that the Committee acknowledged the current challenges around tackling obesity and noted the initiatives underway to reduce prevalence rates Greater Manchester and local levels, whilst supporting people into effective treatment.
2. That it be noted that Members would be sent the outcomes of the public consultation on 'healthy environments' for their locality.
3. That it be noted that the Director of Population Health would return to the Committee at a future meeting to discuss reducing the consumption of harmful products.
4. That it be noted that Officers return to the Committee with the findings from the Specialist Weight Management engagement at an appropriate opportunity.
5. That it be noted that the safety of women and girls when accessing exercise and active travel opportunities be a key theme at a future meeting.

**JHSC/62/24                      Committee Work Programme for the 2024/25  
Municipal Year**

Nicola Ward, Statutory Scrutiny Officer, GMCA presented a report, which provided Members with the draft Committee's Work Programme for the 2024/25 Municipal Year. Members were reminded that this was a working document which will be updated throughout the year to reflect changing priorities and emerging issues. The Committee would regularly review and revise the Work Programme to ensure that it remained relevant and effective in addressing the needs of the community.

The Chair and Vice-Chair agreed to work with Officers to further populate the work programme following the meeting.

It was asked that the minutes of the Committee be distributed to LAs so Members could share them with other scrutiny Members.

**RESOLVED/-**

1. That it be noted that the Work Programme be updated following the meeting in collaboration with the Chair and Vice-Chair.
2. That it be noted that the minutes of the Committee be shared with LAs.

**JHSC/63/24                      Dates and Times of Future Meetings**

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

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