

**MINUTES OF THE GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP  
BOARD MEETING HELD ON 30 MAY 2025**

**PRESENT**

Mayor Andy Burnham	GMCA (Chair)
Sir Richard Leese	NHS GM Integrated Care
Mark Fisher CBE	NHS GM Integrated Care
Councillor Sean Fielding	Bolton Council
Councillor Tamoor Tariq	Bury Council
Councillor Barbara Brownridge	Oldham Council
Councillor Daalat Ali	Rochdale Council
Councillor John Merry	Stockport Council
Councillor Mark Roberts	Stockport Council
Councillor Keith Holloway	Stockport Council
Councillor Tafheen Sharif	Tameside Council
Councillor Jane Slater	Trafford Council
Councillor Keith Cunliffe	Wigan Council
Caroline Simpson	GMCA
Gill Duckworth	GMCA
Jane Forrest	GMCA
Eve Holt	GMCA
Ed Flanagan	GMCA
Kevin Lee	GMCA
Alison McKenzie-Folan	Wigan Council
Tom Stannard	Manchester City Council
Dharmesh Patel	NHS GM
Warren Heppollette	NHS GM Integrated Care
Luvjit Kandula	GM Primary Care Provider Board
Edna Robinson	VCFSE

Stephanie Butterworth	DASS
Adrian Crook	DASS
Kathy Cowell	Manchester University NHS Foundation Trust
Rick Burgess	GMCPD
Pete Marshall	GM Disabled People's Panel

## **ICPB/11/25 WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting.

### **RESOLVED /-**

That apologies be received and noted from Colin Scales (NHS GM), Cllr Tom Robinson (Manchester City Council) and Evelyn Asante-Mensah (Pennine Care NHS Foundation Trust), Nicki O'Connor (DWP), James Bull (Union Representative), Mark Britnell (Health Innovation Manchester), Manisha Kumar (NHS GM), Catherine Sheerin (NHS GM), David Boulger (NHS GM), Mandy Philbin (NHS GM), Chris McLoughlin (Stockport Council) and Alison Page (VCFSE sector).

## **ICPB/12/25 CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS**

Edna Robinson gave an update on the last ICPB Strategy meeting which was held on 15 May 2025. The items covered included Live Well implementation across the ten Greater Manchester (GM) local authority areas including opportunities to share data, challenges and best practice. Proposals to better support migrant workers in the NHS and social care were also discussed. It was noted that the strategy meetings provided additional capacity to the work of the ICPB.

The Chair reported that a draft Model Integrated Care Board Blueprint document had been published by NHS England. The document was intended as a consultative

document with responses due by 30 May 2025. Further information including GM's proposed response was detailed in the agenda under the item, NHS reforms.

The Chair invited the ICPB to consider endorsing a proposed response to be sent on behalf of GM partners.

In the discussion that followed the points raised included: -

- The model should support a bottom up approach to governance and service delivery rather than a top down approach. It should reaffirm the primacy of place based control.
- The model should include the importance of local authorities, combined authorities and devolution more generally within the health and social care ecosystem.
- The model should focus on population health and the improvements that can be made at a place based level by collaborative working between the NHS, local government and partners.
- A request had been made to Government for GM to become a prevention demonstrator. This included proposals for a joint data unit with Government to address the barriers public services faced in sharing data. Enabling data sharing in an ethical way at a GM level would inform public service reform.
- There was a commitment to support NHS GM staff impacted by the proposed budget cuts including seeking opportunities for them in the wider GM public sector ecosystem.
- It was suggested that the NHS GM ICB could possibly operate its strategic commissioning functions at the budget level proposed but not all the ancillary services it currently provided. This would have knock on implications for the NHS services receiving those ancillary services.
- The NHS GM ICB were, along with partners, working up a proposed organisational model that would align with GM's priorities of Live Well, improvements in population health and the delivery of place based solutions. It

would only be possible to look at the necessary staffing resource required when that process was completed.

- Concern was raised at the accelerated rate of change expected and the damaging impact that may have. It was suggested that Greater Manchester work up its own solutions which included the widest possible consultation.

#### **RESOLVED /-**

That the ICPB endorses the proposed Greater Manchester (GM) response to the NHS Model ICB blueprint document which supports the primacy of place based working in GM, the Live Well Model and a focus on improving population health.

#### **ICPB/13/25 DECLARATIONS OF INTEREST**

There were no declarations received in relation to any item on the agenda.

#### **ICPB/14/25 MINUTES OF THE PREVIOUS MEETING HELD ON 28 MARCH 2025**

#### **RESOLVED /-**

That the minutes of the meeting held on 28 March 2025 be approved as a correct record.

#### **ICPB/15/25 NHS REFORMS**

Warren Heppollette, Chief Officer, Strategy, Innovation and Population Health, NHS GM presented a report detailing NHS Greater Manchester's response to NHS Reform aiming to reshape the focus, role and functions of ICBs, aligned with the ambitions of the 10 Year Health Plan and responding to the Darzi Review.

It was noted that the ICB in GM was highly regarded and was therefore in a strong position to shape government policy and provide a model that worked for everyone in

GM. It was recognised that this process would take time and should not be rushed. Much of the work of the GM ICB would remain as is, particularly relating to its commissioning function and contract management.

It was proposed that the NHS reforms should be seen as an opportunity in the context of broader public sector reforms in GM, as part of the Live Well model. It was noted that there was a growing coalition across GM for locality based neighbourhood services provided through the Live Well model.

It was noted that previous attempts to improve population health via top down reforms had been unsuccessful and that the GM model evidenced successes of a bottom up approach. This bottom up approach needed to include all partners and communities in GM to ensure services were meeting the needs of all sections of the community. The goal of improving population health rather than prescribed top down service reform was the priority and GM should ensure this is understood at government level.

## **RESOLVED /-**

1. That the update be noted, particularly: -
  - a. The continued commitment in GM to integrated care through the proven GM model
  - b. Partnership engagement to date and ongoing commitment to this
  - c. Development of a strengthened place-based locality model for GM

## **ICPB/16/25 LIVE WELL UPDATE**

Jane Forrest, Director Public Service Reform, GMCA and Warren Heppollette, Chief Officer Strategy, Innovation and Population Health, NHS GM presented a report recapping the ambition of Live Well and providing an update on implementation and next steps.

It was reported that a place based model had been in operation for some time with a full spectrum of public services working together in communities in local authorities

across GM. The Live Well model aimed to progress that, so the full neighbourhood model was consistently available to everyone in GM, with multi-agency teams working in common geographical footprints of 30-50k. The Live Well Model would also support a resilient VCFSE ecosystem and a culture of prevention.

Discussions were ongoing with partners on how to progress Live Well including the use of data, and how that could support prevention initiatives. It was reported that a draft Live Well governance structure was being developed which would likely include a Live Well Programme Board to drive delivery across GM.

Concern was raised that in some areas, integration between local authorities and health teams was at risk of reversing, which needed to be addressed to support the development of the Live Well model in those areas. Mental health services in some areas were described as very weak or even non-existent.

The ongoing aim of investing in growing the competence and capacity the VCFSE sector was reiterated as vital to the success of the Live Well model. It was also noted that local government and NHS funding rules were prescriptive. Further work was proposed to assess the most appropriate funding models for the VCFSE sector in GM.

It was suggested that further discussions should take place at a future strategy meeting on how best to develop the VCFSE sector and issues relating to mental health services in GM.

## **RESOLVED /-**

1. That the contents of the report be noted.
2. That further work be undertaken to ensure the Live Well model includes funding to build and maintain capacity within the VCFSE sector whilst complying with local government and NHS financial regulations.

## **ICPB/17/25 GREATER MANCHESTER ADULT SOCIAL CARE TRANSFORMATION**

Steph Butterworth, Director of Adult Social Services, Tameside MBC and Adrian Bates, Head of Equalities Strategy, GMCA presented a report on the current context for adult social care including the launch of a national Commission on Adult Social Care, and a progress update of the GM Adult Social Care Transformation Programme in the context of GM Live Well. It also proposed a collaborative, place partnership approach to the Greater Manchester Social Care Commission.

The improvements made in adult social care services in recent years across GM were outlined along with the reasons to explore how best to build on that progress, to meet current opportunities and challenges in adult social care, and to accelerate progress towards this vision to include the establishment of a GM Adult Social Care Commission, in line with the Mayor's 2024 manifesto commitment.

It was proposed that the commission would be co-produced with a coalition of people and partners and would focus on what can be done differently in GM in the short, medium and longer term. The commission would also compile collective asks of government to feed into the national review of social care led by the Casey Commission.

### **RESOLVED /-**

1. That the launch of the Casey Commission and opportunity for GM contribution be noted.
2. That the progress of GM Adult Social Care Transformation Programme and next steps be noted.
3. That the proposal to establish a GM Social Care Commission as a collaborative Place Partnership be endorsed.
4. That the proposed next steps including the development of a terms of reference and timeline with key stakeholders including the Disabled People's Panel be endorsed.

## **ICPB/18/25 GREATER MANCHESTER COMMISSION ON ADULT SOCIAL CARE**

Rick Burgess, Disabled People's Panel Facilitator, GMCDP and Pete Marshall, Disabled People's Panel member presented a report putting forward the proposal from Greater Manchester's Disabled People's Advisory Panel (DPP) for a review of Adult Social Care services in Greater Manchester through a commission. The draft terms of reference, prepared by the panel were appended to the report.

In the discussion that followed the points raised included: -

- The concern of communities relating to proposed cuts to Personal Independence Payments were highlighted.
- The commission would look at supporting adults into work with disability benefits supporting that.
- The GM Commission would work in a collaborative way and look to make short, medium and long term recommendations that made the most of devolution opportunities.
- The aim was to support disabled people to live their best lives with choice and control, to thrive not just survive.
- NHS GM needed to be included in the conversation.
- Recommendations should be made to DASS colleagues, the ICPB and the national Casey Commission.
- Recommendations of the GM commission could be made as they arise rather than waiting until the end of the review period.
- A national care service should be free at the point of use to ensure disabled people live their best lives and to prevent situations worsening, which leads to greater costs on the public purse borne down the line by the NHS.
- It was noted that the ongoing discussion would continue at the next ICPB Strategy meeting.



## **RESOLVED /-**

That the GM Integrated Care Partnership Board: -

1. Note the political commitment by GM Mayor to launch a Greater Manchester Commission into Adult Social Care as advised by the Disabled People's Panel.
2. Note the draft Terms of Reference produced by the Disabled People's Panel, and endorse it's principles and approach including: -
  - The governance approach, placing disabled people at the heart of decision making.
  - Ensuring the voices of social care service users, carers and frontline workers are embedded within the Commission's methodology.
  - Facilitating involvement of diverse stakeholders' groups, including care providers, local authorities, NHS bodies, community organisations and unions.
  - Provide evidence-based recommendations, and an action plan (Road Map) for improving social care services in Greater Manchester in short, medium and long term.

## **ICPB/19/25 DATE AND TIME OF NEXT MEETING**

1:00pm on Friday 22 August 2025