# MINUTES OF THE GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP BOARD MEETING HELD ON 22 AUGUST 2025

## PRESENT

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| Mayor Andy Burnham | GMCA (Chair) |
| Sir Richard Leese | NHS GM Integrated Care (Co-Chair) |
| Mark Fisher CBE | NHS GM Integrated Care |
| Councillor Sean Fielding | Bolton Council |
| Councillor Tamoor Tariq | Bury Council |
| Councillor Thomas Robinson | Manchester City Council |
| Councillor Daalat Ali | Rochdale Council |
| Councillor John Merry | Salford Council |
| Councillor Mark Roberts | Stockport Council |
| Councillor Tafheen Sharif | Tameside Council |
| Councillor Jane Slater | Trafford Council |
| Councillor Keith Cunliffe | Wigan Council |
| Caroline Simpson | GMCA |
| Sarah Bennett | GMCA |
| Jane Forrest | GMCA |
| Eve Holt | GMCA |
| Ben Hopkins | GMCA |
| Claire Norman | GMCA |
| Steve Wilson | GMCA |
| Sandra Bruce | Bolton Council |
| Alison McKenzie-Folan | Wigan Council |
| David Boulger | NHS GM |
| Conor Dowling | NHS GM |

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| Warren Heppolette | NHS GM |
| Luvjit Kandula | GM Primary Care Provider Board |
| Edna Robinson | VCFSE |
| Alison Page | Salford CVS |
| Pete Marshall | GM Disabled People's Panel |
| James Bull | UNISON |
| Heather Etheridge | Healthwatch GM |
| Claudette Elliott | Pennine Care NHS Foundation Trust |
| Nicki O'Connor | DWP |

**Annual General Meeting**

**ICPB/20/25 WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting.

**RESOLVED /-**

That apologies be received and noted from Cllr Barbara Brownridge (Oldham), Cllr Elaine Taylor (Oldham), Cllr Bev Craig (Manchester City Council), Cllr Helen Foster-Grime (Stockport), Cllr Keith Holloway (Stockport), Cllr Eleanor Wills (Tameside), Mark Britnell (Health Innovation Manchester), Stephanie Butterworth (Tameside Council), Chris McLoughlin (Stockport Council), and Noel Sharpe (Bolton at Home).

**ICPB/21/25 APPOINTMENT OF CHAIR**

**RESOLVED /-**

That the appointment of Mayor Andy Burnham and Sir Richard Leese as joint chairs of the Integrated Care Partnership Board be noted.

**ICPB/22/25 ICPB MEMBERSHIP**

**RESOLVED /-**

That the membership of the Integrated Care Partnership Board be noted.

**ICPB/23/25 MEMBERS CODE OF CONDUCT AND ANNUAL DECLARATION FORM**

**RESOLVED /-**

That the update be noted.

**ICPB/24/25 ICPB TERMS OF REFERENCE**

**RESOLVED /-**

That the terms of reference of the Integrated Care Partnership Board be noted.

**Ordinary Business**

**ICPB/25/25 CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS**

There we no Chair's announcements or urgent business.

**ICPB/26/25 DECLARATIONS OF INTEREST**

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

**ICPB/27/25 MINUTES OF THE PREVIOUS MEETING HELD ON 30 MAY 2025**

**RESOLVED /-**

1. That the minutes of the meeting held on 30 May 2025 be approved as a correct record, with the addition that it was agreed that the minutes of the ICPB strategy meetings be brought for consideration at future meetings of the Integrated Care Partnership Board.

2. That with the proposed abolition of Healthwatch organisations, Greater Manchester consider how the independent voice was not lost from the healthcare system.
3. That the Chair requested that the Chair of GM Healthwatch provide an example of one good piece of work from each Healthwatch organisation in Greater Manchester to make the case for the importance of the independent patient voice.
4. That the Chair meet with the Chair of GM Healthwatch to discuss potential next steps.
5. That the Mayor write to Government in relation to concern in Greater Manchester about the potential loss of the patient voice due to the proposed abolition of Healthwatch organisations.

**ICPB/28/25 THE GREATER MANCHESTER STRATEGY AND 10 YEAR HEALTH PLAN: OUR NEXT STEPS – WITH A FOCUS ON THE LIVE WELL AND THE PREVENTION DEMONSTRATOR**

The Board received a presentation in respect of the Greater Manchester Strategy and the 10 Year Health Plan as well as delivering Live Well and the Prevention Demonstrator.

The Co-Chair began by outlining the context in which the ICB was currently operating, highlighting that all ICBs were required to reduce their costs, including programme costs. In Greater Manchester, costs were expected to be reduced by 39 per cent and this equated to a reduction in staffing of 300-400. This would be required by 1 April 2026.

A consultation on restructuring was planned to be launched in September, and it was likely that a voluntary redundancy scheme would go some way to achieving the 39 per cent target. However, it was not yet clear that the resources to support that process would be made available to ICB's. The Co-Chairs assured the Board that proposals would be achieved in a way that supported staff, was best for the city region and ensured that the right roles were in the right places.

Despite the ICB reforms, work would continue in each of the ten localities to ensure that the locality vision was supported. It was highlighted that the prevention model would not succeed through a top-down system.

In response to the proposed reductions, Members sought reassurance that there would not be changes to accountability or undermining of local delivery.

Board was informed that the updated Greater Manchester Strategy (GMS) had been launched since the last meeting in May. It would be crucial to ensure alignment of the GMS and 10-Year Plan, and that this alignment was in mind when guiding the reforms to the ICB. The centrepiece of this alignment would be Live Well, and the maximisation of success would be through the Prevention Demonstrator.

Officers emphasised the health creating potential of the GMS and the shift to a model of prevention, ensuring that all residents in Greater Manchester were benefitting from growth.

In respect of the 10-Year Health Plan published by the Government on 3 July 2025, the document laid out how the NHS would implement three radical shifts to build a health service fit the future: hospital to community, analogue to digital and sickness to prevention.

The significance of the 10 Year Health Plan for Greater Manchester was outlined and the focus on neighbourhood working was strongly welcomed. All 10 localities across the city region had made applications to the new, national neighbourhood implementation programme. Each of the localities was requested to work together on this, even those that were not successful in the national programme, and mechanisms would be in place to share learning across all ten authorities.

Due to several new commitments in the 10 Year Plan, Greater Manchester would need to agree its approach, and this included areas such as new neighbourhood contracts, and new provider organisational forms. This approach would be guided by to what extent the new policy could support existing arrangements in Greater Manchester and the direction of travel.

Given the proposed abolition of Healthwatch organisations, it would be crucial that the right mechanisms were in place to listen and respond to the voice of residents and patients. The role of the voluntary, community, faith and social enterprise (VCFSE) sector would be particularly important in this area.

The 10 Year Plan also put great emphasis on digital and innovation and Greater Manchester was well placed to capitalise on this as a driver of economic growth and improved population health. For example, a Life Science Innovation Plan had been published, which would establish a small number of nationally relevant innovation zones, and the city region would be actively pursuing this to achieve health benefits for residents at a faster rate.

The Director of Public Service Reform provided an update in respect of Live Well and Members welcomed the significant amount that had been achieved over the past 12 months. Live Well had been recognised nationally as forward thinking and the vehicle by which preventative services would be delivered.

All 10 Greater Manchester localities were creating local implementation plans, supported by a £10 million joint investment fund from the GMCA and NHS GM, alongside an additional £10 million aligned through the DWP 'Economic Inactivity' trailblazer. Each of these local implementation plans would support a growing network of Live Well centres, community-led spaces and joined up support offers. The localities were being asked to commit a minimum of 50 per cent of the joint investment funding to the VCSFE to provide essential capacity for scaled social prescribing and priorities around employment pathways and those most marginalised.

Workforce development was also expanding through a new system leadership offer, and evaluation frameworks were being co-designed to measure impact and guide future investments.

In the past 12 months, it was highlighted that Live Well had convened over 2,000 stakeholders in high-profile community-based events. This was growing a bottom-up movement to reduce inequality and further enhance collaboration between

communities and the local public services that served them. In Salford alone, the VCSFE Partnership had already held nine events engaging local people in Live Well.

Colleagues had met with the localities to understand how the Live Well work looked on the ground and there was an absolute recognition for ongoing investment. Work in relation to the metrics for tracking the Live Well roll out was ongoing, but would include higher numbers of people in work, increased social prescribing, and reduced avoidable hospital admissions.

Voluntary sector representatives highlighted their importance in the delivery of Live Well and underscored that Live Well was a tripartite agreement between the voluntary sector, NHS and local government. Across Greater Manchester, there were over 500,000 volunteers and 70 per cent of the voluntary sector consisted of small community groups, many of which were hyper-local. Voluntary sector representatives emphasised that for every one pound of public sector money invested in the VCSFE sector in the city-region, they brought in another seven pounds.

At a Greater Manchester-level, the Neighbourhood Coordination Group had been established as a central point of alignment, coordination, learning and continuous improvement. Due to meet for the first time in September, the group would include all localities and be chaired by the Chief Executive of Wigan Council.

Extensive engagement was underway with primary care colleagues to create a culture that supported them to fully contribute to and benefit from the Live Well model. Primary care was recognised as a trusted front door and as a sector with a wealth of experience in dealing with other non-health related issues. It was recognised that there were many innovative local models around primary care and work would be undertaken to understand how some of these could be scaled up and fed into the prevention demonstrator.

A summary of the Economic Inactivity Trailblazer, as part of Live Well and the Prevention Demonstrator, was provided. It was explained that the £10 million fund was being used across two test areas that filled gaps in current delivery to support those residents furthest away from the labour market whilst also shaping the system

for the future as described in the Live Well Journey to Employment. As a 'trailblazer' the work was about testing, learning and then adopting what worked.

Work was currently underway to mobilise the Prevention Demonstrator and understand its connectivity with Live Well delivery. Greater financial flexibility through the Integrated Settlement would be crucial in trying to scale up this work. The Group Chief Executive outlined the importance continuing to seek support from Government to ensure that the Prevention Demonstrator delivered.

The points raised in the discussion that followed included:

- The Co-Chair welcomed that there was no national delivery plan for the 10-Year Health Plan because this would empower decisions for Greater Manchester to be made in Greater Manchester. However, concern was expressed about statutory dissolution of the working between local authorities and the NHS. There was also unease about payment by results.
- The Department of Health and Social Care should be there to provide support and not infantilise officers at a local level.
- Going forward the ICB would have two strands – strategic commissioning and partnerships with neighbourhoods. It was anticipated that ICBs would then be able to deliver at a community level in a far stronger way.
- The Mayor welcomed the proposed changes as an opportunity rather than a threat to current arrangements and Greater Manchester would need to be clear on what it wanted from the process.
- Reassurance was provided that challenges around workforce were being worked on at pace.
- There was an intention to review dentistry and GP contracts to align these with the neighbourhood approach. Clinical contracts were not supporting social prescribing and this gap needed to be addressed.
- Whilst not mentioned in the 10-Year Health Plan, the important community role of pharmacy was emphasised.
- Members requested a further meeting of the Board be held before the next scheduled meeting on 12 December.

**RESOLVED /-**

1. That the update be noted.
2. That the Mayor write to the Secretary of State for Health and Social Care in relation to the wider challenges currently faced by the system.
3. That a meeting between the Mayor and Greater Manchester MPs be convened to discuss how the proposed health sector reorganisation would be implemented and how it could affect ICBs.
4. That continued support be sought from Government to ensure that the Greater Manchester Prevention Demonstrator could deliver for the city region's residents.

**ICPB/29/25 DATE AND TIME OF NEXT MEETING**

**RESOLVED /-**

That an additional meeting of the ICPB be scheduled for mid-autumn to give further consideration to the proposed health sector reorganisation.