

**MINUTES OF THE GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP
BOARD MEETING HELD ON FRIDAY 12 DECEMBER, 2025**

PRESENT

Mayor Andy Burnham	GMCA (Chair)
Sir Richard Leese	NHS GM
Councillor Tom Robinson	Manchester City Council
Councillor Jane Slater	Trafford Council
Councillor John Merry	Salford City Council
Councillor Keith Holloway	Stockport Council
Councillor Keith Cunliffe	Wigan Council
Alison McKenzie-Folan	Wigan Council
Edna Robinson	VCFS
James Bull	Trade Union Representative
Claudette Elliott	Pennine Care NHS Foundation Trust
Kathy Cowell	Manchester University NHS Foundation Trust
Tracey Vell	GM Primary Care Board
Evelyn Asante-Mensah	Black, Asian and Minority Ethnic Assembly, NHS England NW Reion
Luvjit Kandula	GM Primary Care Provider Board
Caroline Simpson	GMCA
Jane Forrest	GMCA
Eve Holt	GMCA
Ed Flanagan	GMCA
Warren Heppolette	GMCA
Sarah Bennett	GMCA
Conor Dowling	NHS GM/GMCA
Tom Hinchliffe	NHS GM

Paul Lynch	NHS GM
Jo Street	NHS GM
Colin Scales	NHS GM
Majid Hussain	NHS GM
Zoe Porter	NHS GM

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting.

RESOLVED /-

That apologies be received and noted from Cllr Barbara Brownridge (Oldham Council), Cllr Eamonn O'Brien (Bury Council), Cllr Elaine Taylor (Oldham Council), Cllr Daalat Ali (Rochdale Council), Cllr Taf Sharif (Tameside Council), Stephanie Butterworth (DASS), Professor Mark Britnell (Health Innovation Manchester), Heather Etheridge (GM Healthwatch), Danielle Ruane (GM Healthwatch), Alison Page (VCFSE), Nicki O'Connor (DWP), Charlotte Bailey (NHS GM), Manisha Kumar (NHS GM), Katherine Sheerin (NHS GM) and Gill Baker (NHS GM)

2 CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS

It was noted that Colin Scales would temporarily be covering the role of Chief Executive of NHS GM ICB.

3 DECLARATIONS OF INTEREST

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

4 MINUTES OF THE PREVIOUS MEETING HELD ON 7 NOVEMBER 2025

RESOLVED /-

1. That the minutes of the meeting held on 7 November 2025 be approved as a correct record noting that Tom Hincliffe was representing NHS GM.
2. That the Board congratulate Dr Gen Wong, Leigh PCN and Compassion in Action for the recognition they received at the General Practice Awards 2025 for their success in piloting a new pathway supporting patients with mental health difficulties which had since been expanded to cover the whole of Wigan Borough.

5 ICB REFORMS UPDATE

Jo Street, Programme Director- Transition, NHS GM presented a report on the NHS Greater Manchester (GM) Reform Programme, which outlined how the organisation had been reshaping its operating model to better support the health and wellbeing of residents. The update explained that NHS GM continued to work towards its long-term vision of helping people live longer, healthier lives by strengthening communities, improving access to services and focusing more on prevention. It also highlighted that the new operating model placed greater emphasis on working across local areas and organisations so that services could be planned and delivered in a more joined-up and efficient way.

The Board was also informed about progress on organisational changes within NHS GM. This included the start of collective consultation with staff, the opening of a voluntary redundancy window, and the completion of the Chief Officer restructure, with further work planned in early 2026 to finalise new organisational structures. In addition, NHS GM had continued working with local and regional partners to explore transferring certain functions—such as population health, GP IT and emergency preparedness—to improve consistency, efficiency and system-wide collaboration. The update also described ongoing partnership work to deliver the region's 10-Year Health Plan, including shifting more care into communities, improving access to primary care and neighbourhood services, and strengthening cooperation with NHS Trusts, primary care, voluntary organisations and other local partners.

The following points were raised in the ensuing discussion: -

- Sir Richard Leese reported that he would not be seeking reselection when his current term of office as ICB Chair ended in the Summer of 2026.
- Recruitment of a new ICB Chair and Chief Executive would commence shortly.
- It was suggested that recruitment of the ICB Chair should be a joint process to ensure that the successful candidate fully understood the vital role of place.
- The work of ICB staff was commended especially given the period of uncertainty they have been working under in recent months.
- Excellent system wide performance was also recognised including all bar one of the 36 undertakings previously issued by NHS England to GM ICB being met, with the final one being the balancing of the 2025/26 budget, on track to be met at the end of the financial year.
- Other areas of excellence were cited including the ICB's work to address ADHD diagnosis and support, the use of the Mental Health Investment Fund to reduce out of area placements from 125 to 1 and the launch of the UK's first metastatic cancer centre in GM.
- It was noted that the NHS reforms did risk the return of a top down form of governance and the left shift must be seen in local communities not just within the NHS.
- It was also noted that prevention of ill health required a partnership approach with 80% of prevention work undertaken outside of the NHS.
- The role of the ICPB or a similar body with similar membership was vital to ensure a partnership approach to population health in GM was maintained and strengthened.

RESOLVED /-

1. That the information provided be noted.
2. That the core principles outlined on partnership working be supported.

6 GM LIVE WELL AND PRIMARY CARE

The Board received a report on the work taking place across Greater Manchester to support the rollout of the Live Well model, with a particular focus on the role of primary

care providers. Members heard that extensive engagement had taken place with over 300 primary care professionals from general practice, community pharmacy, optometry and dentistry, who shared their views on how Live Well could best support neighbourhood-level prevention, holistic care and better access to wider support services. The engagement demonstrated that primary care was already deeply embedded in neighbourhood working and was well-placed to contribute to Live Well by identifying people who needed additional support, working alongside VCFSE partners and helping communities stay healthy.

The update also outlined the early steps being taken to turn this engagement into action, including the development of a proposed GM-wide GP incentive scheme for 2026/27 to encourage practices to work more closely with Live Well partners and support people with more complex needs. Members noted that similar approaches were being explored for pharmacy, optometry and dentistry to ensure all primary care disciplines could play a full role. In addition, the Board received an overview of how the Primary Care Provider Board was strengthening its leadership role, working with system partners across GM to support the 10-Year Plan, expand neighbourhood health, and tackle inequalities through joint work with partners including Local Authorities, the VCFSE sector and the Trust Provider Collaborative.

The following points were raised in the ensuing discussion: -

- DWP offered to reach out to primary care providers to consider how they may work together in support of Live Well.
- Primary care services were seen as a huge community asset in GM, with community pharmacy alone seeing 100,000 GM residents per month.
- National contracting arrangements were cited as almost going in the opposite direction from the ambitions of Live Well. Primary care services were well placed to provide ad-hoc initial assessments and connect residents to the relevant VCFSE partner for additional support but that would be in addition to national contracting arrangements.
- National funding models were also cited as an obstacle to using resources in the most efficient way. An example given was some of the funding ring fenced for emergency dental work would be better spent improving children's dental service provision.

- The use of merged data was reiterated as key to proving the success of the Prevention Demonstrator. Granular data from one partner such as primary care could be used to show that early interventions reduced demand elsewhere such as in A&E departments. A joint data unit would be needed to oversee this.
- It was recognised that all four primary care disciplines needed to be either hosting Live Well centres or represented at Live Well centres.
- It was reported that 'Beyond the Core Contract' was an NHS GM initiative to fund and deliver primary care services that exceeded minimum national requirements. To be launched in 2026/27 it was central to the GM Primary Care Blueprint 2025-2030. It was also noted that the additional funding currently only applied to GP services.

RESOLVED /-

1. That the Live Well engagement work undertaken so far be noted.
2. That the actions set out in the report relating to governance, contractual frameworks and funding models, digital/data, workforce, communications and evaluation be supported.
3. That the actions the Primary Care Provider Board is taking to support GM ambitions and the 'offers' to and 'asks' of the system be noted.

6 GM SYSTEM WIDE ACTION ON RACISM AND HATE: SUPPORTING STAFF AND COMMUNITIES

Evelyn Asante-Mensah - Independent Chair, Black, Asian, and Minority Ethnic Assembly, NHS England North West Region, Claudette Elliot – Chair, Pennine Care Foundation Trust and Majid Hussain - Director of Equality and Inclusion, NHS GM presented a report outlining how health and care organisations across Greater Manchester had been responding to rising incidents of racism, discrimination and hate directed at staff. The report explained that colleagues across hospitals, primary care, social care and community services had increasingly reported verbal abuse, harassment and intimidation, including racist, antisemitic and anti-Muslim hostility, both within clinical settings and in the community. Leaders noted that many staff felt these experiences had become a "normal" part of working life, which was

unacceptable and harmful to both staff wellbeing and public confidence. The report highlighted that this climate of fear also discouraged some marginalised communities from accessing services, making decisive action essential.

Members were informed that senior leaders from NHS organisations, local authorities and the GMCA had already come together to develop a stronger, more coordinated response. This included reinforcing a region-wide zero-tolerance stance, aligning work with existing Race Equity programmes and exploring how anti-racist principles could be embedded into commissioning, leadership, workforce development and public-facing campaigns. Organisations had begun strengthening reporting systems, supporting affected staff and developing consistent messaging that racism and hate would not be tolerated. Early work was also underway to co-design solutions with staff and communities and to prepare a wider public campaign to be launched in 2026 with collective action across the public sector proposed.

The following points were raised in the ensuing discussion: -

- GMCA were discussing with GMP the possibility of a new standard for hate crimes including the guarantee of a personal attendance.
- It felt like it was easier for offenders to offend than it was for victims of hate crime to report it.
- The issue had been discussed at length at the ICB, noting that racist incidents were also aimed at patients by other patients and by staff, as well as to staff.
- A grand campaign lasting just a couple of weeks was not what was needed. An anti-racism campaign should be long term and embedded. The Kick It Out – Show Racism the Red Card campaign in football was cited as a successful example to follow.
- More support was needed to encourage bystanders to call out and to report racist incidents. Active bystander training could be more widely used to support this across the public sector in GM.
- It was proposed that an anti-racism campaign be applied across the public sector in GM, to be signed off at the next ICPB meeting on 27 March 2026 and include promotional materials, including video.

RESOLVED /-

1. That the adoption of an explicit and unapologetic Anti-Racist stance as the foundation for system-wide leadership action and accountability be endorsed.
2. That the proposal to work with the Integrated Care Board to adopt anti-racist principles into governance, strategic commissioning, and procurement, using spending power to drive systemic change and make race equity a core business requirement be endorsed.
3. That the proposal to ensure the voice of lived experience shapes policy and practice in decision making be endorsed.
4. That the proposal to commit to progressing racial diversity in leadership roles to address under representation and ensure decision-making reflects the diversity of our communities be endorsed.
5. That the proposal to mandate anti-racism, racial literacy and inclusive practice development for all staff and leaders, supported by a public-facing campaign to amplify this commitment be endorsed.
6. That the progression of next steps as outlined in section 4 of the paper be supported.
7. That the GMCA Group Chief Executive convenes a working group to include Evelyn Asante-Mensah, Claudette Elliott and NHS GM, GMCA and GMP officers.
8. That the working group report back to the ICPB meeting of 27 March 2026.

6 EXPERIENCES OF MIGRANT/INTERNATIONALLY RECRUITED HEALTH AND CARE STAFF AND UNISON MIGRANT WORKERS CHARTER

Alison Mckenzie Folan, Chief Executive of Wigan Council and Executive Portfolio Holder for Health and Culture, GMCA and James Bull – North West Regional Organiser, UNISON presented a report outlining the experiences of migrant health and care staff working across Greater Manchester and the steps being taken to improve their working conditions. Members heard that around 30% of the city-region's social care workforce were employed on visas—significantly higher than the national average and that many migrant workers continued to face exploitation, poor employment practices and fear of speaking out due to the risk of losing visa sponsorship.

Testimonies collected from staff illustrated how some employers had used the threat of visa withdrawal to silence concerns, contributing to widespread insecurity and limited access to support. The report highlighted how changes to Indefinite Leave to Remain rules had further heightened anxiety for many workers, who now faced longer periods tied to the same sponsor.

Members were informed that UNISON had been working with migrant care workers to co-produce the Migrant Care Workers' Charter, which set out minimum standards around fair pay, safe accommodation, ethical recruitment, safeguarding employment and protection from discrimination. The Charter aimed to strengthen rights, improve workforce stability and support better quality care for residents.

The Board also noted that several Greater Manchester councils had begun early discussions about adopting the Charter, and that the region had already introduced practical support through the DHSC International Recruitment Fund, helping displaced workers find ethical employment, access legal advice, secure housing support and improve language skills. Members heard that UNISON's national campaign for a "Fair Visa" system had gained increasing political backing, and that expanding adoption of the Charter across all local authorities would help reduce exploitation and strengthen the resilience of the social care workforce.

The following points were raised in the ensuing discussion: -

- The report highlighted clear evidence of abuse of sponsorship arrangements for migrant care workers across the social care system.
- It was suggested that UNISON seek advice as to whether some of the practices outlined by employers of migrant workers, such as no contracts of employment issued and overcrowded living conditions were legal.
- Advocacy and support were also needed for migrant NHS workers on pay Band 3 given that the recent increase in the lower earning threshold for migrant NHS workers had increased to above the lower Band 3 pay. Further lobbying of Government to address this matter was encouraged.

RESOLVED /-

1. That the UNISON Migrant Care Workers Charter and its adoption across Greater Manchester be supported in principle.
2. That proposals for Local Authority Leaders to join the Greater Manchester Mayor in expressing their support for the UNISON Migrant Care Workers' Charter be supported. That proposals that councils facilitate discussions between UNISON, elected members and officers at a local level to adopt the Charter formally, agreeing a framework for implementation and review be supported.
3. That the Integrated Care Partnership Board Strategy Group hold a discussion to identify and explore aspects of the Charter which would most helpfully and appropriately be implemented at a Greater Manchester level, or which would benefit from greater collaboration between different parts of the health and social care. This discussion would be intended to identify the bodies, methods and resources which could best deliver them.
4. That the ongoing implementation of the Charter across the City Region and work to aid collaboration between partner organisations to achieve its aims be supported.
5. That the impact of the rise in the immigration salary threshold on Band 3 NHS employees is noted and that the response from the Department of Health to the GM Mayor is circulated. That the issue is raised with members of parliament.

7 DATE AND TIME OF NEXT MEETING

RESOLVED /-

That the next meeting of ICPB take place at 1:00pm on Friday 27 March 2026.