

**MINUTES OF THE GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP  
BOARD HELD ON 27 MARCH 2026**

**PRESENT**

Mayor Andy Burnham	GMCA (Chair)
Sir Richard Leese	NHS GM
Councillor Daalat Ali	Rochdale Council
Councillor Barbara Brownledge	Oldham Council
Councillor Elaine Taylor	Oldham Council
Councillor Tom Robinson	Manchester City Council
Councillor Jane Slater	Trafford Council
Councillor Keith Holloway	Stockport Council
Councillor Taf Sharif	Tameside Council
Alison McKenzie-Folan	Wigan Council
Alison Page	VCFSE
Edna Robinson	VCFSE
Jane Warburton	Trade Union Representative
Claudette Elliott	Pennine Care NHS Foundation Trust
Evelyn Asante-Mensah	NHS North West Race Equity Assembly
Luvjit Kandula	GM Primary Care Provider Board
Danielle Ruane	Healthwatch
Alex Leach	Healthwatch
Ruth Passman	Healthwatch
Chris McLoughlin	GM DCS
Ruth Turner	Dementia Expert Reference Group
Jeff Seneviratne	Dementia Expert Reference Group
Caroline Simpson	GMCA
Gill Duckworth	GMCA
Jane Forrest	GMCA

Eve Holt	GMCA
Ed Flanagan	GMCA
Warren Heppolette	GMCA
Conor Dowling	NHS GM/GMCA
Charlotte Bailey	NHS GM
Jessica Herbert	NHS GM
Manisha Kumar	NHS GM
Claire Lake	NHS GM
Judd Skelton	NHS GM
Gill Walters	NHS GM
Colin Scales	NHS GM
Majid Hussain	NHS GM

### **ICPB/01/26 WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting.

### **RESOLVED /-**

That apologies be received and noted from Cllr Sean Fielding (Bolton Council), Cllr Bev Craig (Manchester City Council), Nicki O'Connor (Department of Work and Pensions), Kathy Cowell (Provider Federation), Steph Butterworth (DASS), Mark Britnell (Health Innovation Manchester), David Boulger (NHS GM), Katherine Sheerin (NHS GM) and Tom Stannard (Manchester City Council).

### **ICPB/02/26 CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS**

The Chair reported that Kathy Cowell, MFT Chair, had recently been offered the role of North West Regional Chair at NHS England.

It was also reported that following the conclusion of Sir Richard Leese's term as ICB Chair in June 2026, his successor would in addition to being accountable to the NHS England Regional Director, also take on the role of Health Commissioner for GM working closely with the GM Mayor, in a similar way that the Deputy Mayor for Safer

and Stronger Communities does but for health and social care. These changes were subject to the enactment of the English Devolution and Community Empowerment Bill.

It was noted that the time taken to start the process to appoint a new ICB Chair and Chief Executive by NHS England meant that the current post holders would have left before the new appointments were made, with no opportunity for a proper handover.

#### **RESOLVED /-**

1. That the sad passing of Phil Woolas, the former MP for Oldham East & Saddleworth be noted and the GMICPB expressed its condolences to his family, friends and former colleagues.
2. That the appointment of MFT Chair Kathy Cowell to the role of North West Regional Chair of NHS England be welcomed.
3. That the retirement of Strategic Director Adults Services at Tameside Council, Steph Butterworth be noted.
4. That changes in ICPB membership be noted with Jane Warburton replacing James Bull as the union representative and Alex Leach replacing Heather Etheridge as the Healthwatch representative.
5. That the announcement on health commissioners and the potential creation of a 'Deputy Mayor for Health' be noted.
6. That the news that adult care services in Wigan have been awarded an 'outstanding' rating by the CQC, scoring 95/100 – the highest in the country be welcomed.

#### **ICPB/03/26 DECLARATIONS OF INTEREST**

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

**ICPB/04/26 MINUTES OF THE PREVIOUS MEETING HELD ON 12 DECEMBER  
2025**

**RESOLVED /-**

That the minutes of the meeting held on 12 December 2025 be approved as a correct record.

**ICPB/05/26 ICPB STRATEGY MEETINGS UPDATE**

Edna Robinson and Tom Robinson gave an update on the ICPB Strategy meetings of 22 January and 18 February. It was noted that organisational change across the Greater Manchester health and care system had created uncertainty for staff, with concerns raised about the potential loss of expertise and the need for clearer national guidance. Members emphasised the importance of maintaining flexibility for localities and strengthening communication with national partners to ensure local concerns were reflected at a system level.

Key areas of focus from the meetings included dementia, anti-racism and suicide prevention. Members advised of the need to address variation in dementia support, strengthen reporting and response mechanisms for racist incidents, and maintain momentum on suicide prevention work despite system changes.

The role of the strategy meetings was recognised as a space for members to shape and give extra focus to items before being presented at ICPB meetings.

**RESOLVED /-**

That the update be noted.

## **ICPB/06/26 UPDATE ON NHS REFORMS**

Colin Scales, Acting Chief Executive, NHS Greater Manchester Integrated Care gave an update on changes put in place at NHS GM ICB as part of NHS reforms. These included a reduction in operating costs of 40% resulting in a loss of around 400 staff.

It was reported that a new Neighbourhood Health Framework jointly published by the Department of Health and Social Care (DHSC) and NHS England was a comprehensive plan to reorganise primary, community, and social care around local geographic populations, headed by Health and Wellbeing Boards, with one in each GM LA area. The framework would complement the Place Partnership and Live Well models already in place in GM. A more detailed report on how the new framework would work in Greater Manchester would be presented at the next meeting.

The following points were raised in the ensuing discussion: -

- Tributes were paid to the NHS staff recently left, about to leave and those remaining. The scale and speed of the reforms had impacted staff morale which would need to be addressed. There were also cases of people leaving with outstanding issues unresolved including final settlement agreements, which were still being worked through.
- It was noted that the scale of staff losses was not equal across GM meaning it may be necessary to recruit back as needed.
- Concerns had been raised that there may not be enough staff left to do everything required of NHS GM or enough staff in the right roles. This would be carefully monitored and addressed as needed. It may be necessary to say to NHS England that it was not possible to undertake all the work required within the financial envelope set.
- Traction on key schemes may be weakened as a result of the scale and speed of reforms.
- In many ways GM was already going beyond the requirements set out in the new Neighbourhood Health Framework and would continue to do so.

- Further engagement with GM partners on the new proposals would take place over the summer.
- It was suggested that the various plans and frameworks which had their own specific targets would need to be reconciled to provide one overarching plan for partners to work to so as to avoid confusion.

## **RESOLVED /-**

1. That the update be noted.
2. That the ICPB pays tribute to the staff recently left, about to leave and those remaining.

## **ICPB/07/26                      ANTI RACISM CAMPAIGN – NO SPACE FOR RACISM**

Evelyn Asante-Mensah, Independent Chair, NHS North West Race Equity Assembly, Claudette Elliot, Chair, Pennine Care Foundation Trust, Majid Hussain, Director of Equality and Inclusion, NHS GM, Charlotte Bailey, Chief Strategy, People and Partnerships Officer, NHS GM and Eve Holt, Head of Policy and Implementation, GMCA presented a report providing an update on the development and launch of the “No Space for Racism” campaign across Greater Manchester’s health and care system.

It was noted that the campaign had been developed in response to increasing reports of racism and discrimination experienced by staff, with the aim of raising awareness, challenging unacceptable behaviours and reinforcing expectations of respectful treatment. The report outlined the planned campaign materials, including a website, communications assets and public-facing messaging, alongside a coordinated approach to ensure consistency across partner organisations.

The report set out the need for sustained system change alongside the campaign, including improving reporting mechanisms, supporting staff, embedding anti-racist principles into commissioning and workforce development and establishing a new working group to oversee delivery. It was emphasised that a whole-system approach would be required to align activity across health, local government and wider partners,

with ongoing work to strengthen collaboration, embed race equity and maintain long-term momentum in tackling racism across the city region.

The following points were raised in the ensuing discussion: -

- This was a major campaign that would build in momentum over time and was about raising awareness of the issue and the action to take to address it. Initially the campaign would aim to end the perception that racism was just part of the job.
- A 'No Space For Racism' website would be launched imminently with co-produced public facing messaging and materials to follow.
- A whole system commitment and collective approach was recognised as the best way to drive anti-racism.
- Variations were noted in how organisations responded to cases of overt racist abuse and subtle racism. It had been agreed to take forward a collective approach.
- A part of the campaign would be active bystander training to empower and support witnesses of racism to act.
- An active anti-racism approach should be part of social value commissioning which should be the norm across GM.
- It was suggested that the No Space for Racism website include links to union websites.
- Racist abuse against staff in primary care settings was highlighted along with the need for a robust response when reports were made, which was not always the case currently.
- It was also suggested that reports made on the No Space for Racism website be linked to GMP when appropriate.

#### **RESOLVED /-**

1. That the ICPB publicly endorse and participate in sharing the initial campaign materials and messages.
2. That the ICPB membership provide advocacy and support for the underpinning pillars of work described and endorse the development by the ICB of a new working group to convene colleagues around an anti-racism work programme.

3. That the ICPB help ensure a coherent, consistent and sustained approach to anti-racism as part of a collective effort to deliver the Greater Manchester Strategy and endorse the GMCA and Equalities and Workforce Portfolios playing a system leadership role with oversight from the GM Race Equality Group.
4. That the campaign website contain links to union websites.
5. That GMCA consider how to link reports made on the campaign website to GMP when appropriate.

## **ICPB/08/26 GM SUICIDE PREVENTION STRATEGY 2026-2030**

Judd Skelton, GM Strategic Commissioning Lead – Suicide Prevention & Bereavement Support, NHS GM presented a report outlining the Greater Manchester Suicide Prevention Strategy for 2026–2030 and the current position of suicide prevention activity across the city region.

It was reported that suicide remained a significant public health challenge nationally; however, Greater Manchester had seen a reduction in suspected suicides in recent years, supported by a coordinated, multi-agency approach.

The strategy set out a vision for a city region where suicide was prevented wherever possible, with strong emphasis on partnership working, early intervention and support for those affected.

The report described the governance structures and key elements of the strategy, including widespread training, real-time surveillance systems and targeted support for high-risk groups. It also outlined the priorities within the action plan, including a focus on prevention, support for specific population groups and strengthening bereavement support.

The points raised in the discussion that following included: -

- Suicide was the biggest killer of men under 50.
- It was anticipated that each local authority would adopt the Suicide Prevention Strategy and develop their own action plans based on the demographics of their area.

- The role of the VCFSE sector in this space was key and challenging due to funding constraints.
- GM had seen sustained 10% year on year decreases in the number of suspected suicides against a national increasing trend over the same period. A key factor in this was GM's assertive and prominent approach to suicide prevention.
- The suicide prevention work undertaken in GM was cited as one the most impactful campaigns very seen in GM.

## **RESOLVED /-**

1. That a continued focus on suicide prevention across the city region be supported.
2. That the underpinning action plan and strategy be supported.
3. That elected representatives be encouraged to engage with local suicide prevention structures if they are not engaged already.

## **ICPB/09/26 GM DEMENTIA STRATEGY – PRIORITIES AND CHALLENGES**

Manisha Kumar, Chief Medical Officer NHS GM, Gill Walters, Senior Programme Manager Dementia United, NHS GM, Ruth Turner, Dementia Carers' Expert Reference Group and Jeff Seneviratne, Dementia Carers' Expert Reference Group presented a report outlining the current challenges and opportunities relating to dementia across Greater Manchester and the development of the Dementia Strategy for 2026–2030.

It was reported that dementia remained a major and growing health challenge, with increasing prevalence and significant impacts on individuals, families and services. The importance of early diagnosis, prevention and joined up working across health and social care, alongside progress made locally in areas such as diagnosis rates, care planning and quality improvement was highlighted.

Work was ongoing to improve consistency and reduce variation across localities, including the implementation of quality standards, co-production with people with lived experience and collaboration with partners through programmes such as Live Well. Strategic priorities for the future were set out, focusing on system quality

improvement, prevention and brain health, research and innovation and the development of community-based support through hubs, navigators and dementia-friendly approaches.

The points raised in the discussion that following included: -

- Dementia United was formed to support the GM ambition to be the best place to live with dementia. Progress had been made but there was still a long way to go to support people from diagnosis to end of life care with no gaps in support.
- A whole system redesign to a single system of care was called for.
- Earlier diagnosis and new treatments were expected in the next 3-5 years to which GM would aim to be an earlier adopter.
- Prevention was little understood by the public, particularly the importance of managing blood pressure and maintaining brain health. A publicity campaign to raise awareness was suggested
- It was also suggested that the treatment of other health conditions could increase the risk of developing dementia.
- Commissioning for a pathway system rather than for populations was cited as an issue.
- A GM wide approach was called for to support people to live well with dementia and their carers. It was noted that this may be something the proposed Health Commissioner for GM could help with.
- To ensure the work built up already was not lost it was suggested that GMCA may be able to help fund Dementia United through the Live Well programme.

## **RESOLVED /-**

1. That dementia is one of our greatest health challenges and the national context seeking to address this through the National MSF for dementia and frailty be noted.
2. That the data on performance in relation to dementia across Greater Manchester and update on continued work with partners across localities to drive quality and consistency and to reduce unwarranted variation be noted.
3. That the value of diversity and inclusion including the central role of lived experience, and the role of the Dementia Carers' Expert Reference Group

(DCERG) in co-design and holding us to account through our governance structure be noted.

4. That the key examples of innovative work to date and new development work taking place in Greater Manchester amidst NHS reform be noted.
5. That the Four Pillars of the Greater Manchester Dementia Programme in Greater Manchester and the aim to identify how all system partners can work together towards these shared ambitions be noted: -
  - a. Equity and System quality improvement – raising quality standards of care, support, training and consistent pathways
  - b. Dementia and Live Well – welcoming and inclusive `hubs and navigators and dementia friendly communities
  - c. Brain Health and Prevention – addressing modifiable risk factors, prevention & early intervention
  - d. Research and Innovation – supporting and preparing for new tests and treatments
6. That GMCA considers how it may help fund Dementia United through the Live Well programme.

#### **ICPB/10/26 DATE AND TIME OF NEXT MEETING**

#### **RESOLVED /-**

That the next meeting of ICPB take place at 1:00pm on Friday 29 May 2026.