

## Greater Manchester Integrated Care Partnership Board

**Date:** 29<sup>th</sup> May 2026  
**Subject:** GM ICPB Strategy Meetings – Summary of April 2026 meeting.  
**Report of:** Cllr Thomas Robinson – Co Chair, ICPB Strategy Meetings  
Edna Robinson - Co Chair, ICPB Strategy Meetings

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### **PURPOSE OF REPORT:**

This report provides a high-level summary of discussion, key themes and agreed actions arising from the ICPB Strategy Meeting held on 21 April 2026. The meeting focused on system transition and accountability, the future of independent patient voice in Greater Manchester, SEND reform, and early, preventative community-based dementia support.

### **RECOMMENDATIONS:**

The GM Integrated Care Partnership Board are requested to:

- Note the update provided.
- Note the actions agreed to shape public board papers and future strategy discussions.

### **Contact officer(s)**

**Name:** Conor Dowling – Health and Care Policy Manager, GMCA  
/NHSGM

**E-Mail:** [conor.dowling@nhs.net](mailto:conor.dowling@nhs.net)

## 1. INTRODUCTION

1.1. An ICPB Strategy meeting was held on 21st April to progress a series of key discussions and items agreed at the ICPB Public meetings of 12th December and 28<sup>th</sup> March. A summary of discussions and business is featured in the following sections.

## 2. KEY THEME: SYSTEM TRANSITION, ASSURANCE AND ACCOUNTABILITY

2.1. As with earlier strategy meetings, members returned to the impact of national and regional reform on the Greater Manchester system. The Board reflected that recent workforce reductions within NHS GM represent a significant system realignment rather than a routine restructure. Members stressed the importance of safeguarding statutory responsibilities, maintaining assurance, and supporting remaining staff during a period of uncertainty.

2.2. There was strong agreement that the system must be clear with regional and national partners about emerging risks. It was noted that around 400 staff left NHS GM at the end of March, with business continuity arrangements in place. Board members underlined that accountability for statutory duties had not changed, but expressed concern about assurance given the scale of workforce reduction.

2.3. There was consensus that the ICP has a duty to continue to raise system-level concerns publicly and with national partners, and to ensure that organisational change does not introduce unmanaged risk for residents or staff.

2.4. **Agreed recommendation:** A future strategy meeting will hold a substantive discussion on organisational change, devolved governance and accountability once arrangements begin to stabilise.

### 3. MEETING 21<sup>ST</sup> APRIL 2026

- 3.1. The Board received a verbal update from colleagues representing Healthwatch on progress to ensure maintenance of independent patient voice in a future model. Members welcomed continued commitment to the five principles previously agreed by the ICP Board: independence, locality-first delivery, accessibility, population health focus, and lived experience.
- 3.2. It was noted that Healthwatch partners have begun wider stakeholder engagement to shape a draft model, supported by external facilitation, with a draft stakeholder engagement paper due to return to the Strategy Board before being finalised for the July ICP public meeting. Members emphasised the importance of maintaining independence and public confidence during the transition, and of distinguishing between individual patient experience and wider population insight.
- 3.3. **Agreed recommendation:** Healthwatch GM and ICP officers to bring a draft stakeholder engagement paper to the next Strategy Board meeting for shaping.
- 3.4. The Board undertook a detailed deep dive on SEND reform, set in the context of the national Every Child Achieving and Thriving White Paper. The discussion covered governance across GM, delivery progress on speech and language and neurodevelopment pathways, workforce capacity, funding and collaboration between NHS and local authority partners.
- 3.5. Members welcomed the emerging GM-wide approach and early evidence of impact, particularly from whole-system speech and language transformation. The following discussion highlighted:
- Ongoing workforce challenges and the need for long-term sustainability.
  - The importance of strong collaboration between Directors of Children's Services, Directors of Adult Services and NHS partners.
  - Risks linked to political change, funding distribution and staff assurance.
  - The need to ensure that lived experience and provider perspectives continue to shape service design.

- 3.6. **Agreed recommendation:** That the SEND paper when presented to the May ICP Board would clarify GM-wide collaboration and governance arrangements, reflect workforce risks and mitigation, and incorporate key concerns raised by members.
- 3.7. The meeting also received a presentation on the *Live More with Shared Lives* initiative, supporting people living with dementia, families and carers through early, preventative and community-based support. Members heard strong lived-experience testimony and early evaluation findings demonstrating improved wellbeing, social connection and respite for carers.
- 3.8. The discussion strongly reinforced dementia as a continuing strategic priority for Greater Manchester. Members emphasised that early support should be embedded within a wider, integrated dementia pathway and not treated as a short-term pilot. There was broad agreement that learning from the programme should inform future commissioning and prevention-focused investment and reflected on the moral and system case for continuity.
- 3.9. **Agreed recommendations:** Evaluation findings should be shared with ICP partners as they become available, and that system leaders should use this evidence to consider how *Shared Lives* can be embedded within mainstream dementia support and commissioning arrangements. Members also agreed that the programme should return to a future Strategy Board meeting, with a focus on sustainability, integration and next steps.