Public Document

GMCA GREATER MANCHESTER COMBINED AUTHORITY

Greater Manchester Integrated Care Partnership

GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP BOARD

DATE: **Friday, 10th February, 2023**

TIME: **1.00 pm**

VENUE: **Council Chamber, Salford City Council, Salford Civic Centre, Chorley Road, Swinton, Salford, M27 5AW**

AGENDA

1. **Welcome and apologies**

2. **Chair's Announcements and Urgent Business**

3. **Declarations of Interest** 1 - 4

To receive declarations of interest in any item for discussion at the meeting. A blank form for declaring interests has been circulated with the agenda; please ensure that this is returned to the Governance & Scrutiny Officer at least 48 hours in advance of the meeting.

4. **Minutes of the Meeting of the Integrated Care Partnership Board held on 28 October 2022** 5 - 14

To consider the approval of the minutes of the meeting held on 28 October 2022.

BOLTON	**MANCHESTER**	**ROCHDALE**	**STOCKPORT**	**TRAFFORD**
BURY	**OLDHAM**	**SALFORD**	**TAMESIDE**	**WIGAN**

Please note that this meeting will be livestreamed via www.greatermanchester-ca.gov.uk, please speak to a Governance Officer before the meeting should you not wish to consent to being included in this recording.

5. **GM Integrated Care Partnership Strategy - Update** 15 - 38

Report of Warren Heppolette, Chief Officer for Strategy & Innovation, NHS Greater Manchester Integrated Care

6. **An Integrated Approach to delivering our Ambition for Children** 39 - 62

Report of Mandy Philbin (Chief Nurse, NHS GM Integrated Care, Executive Lead for Children & Young People) and Caroline Simpson (Chief Executive, Stockport MBC, Portfolio Lead for Children & Young People)

7. **Date and Time of Next Meeting**

The next meeting will be held on Friday 24 March 2023.

For copies of papers and further information on this meeting please refer to the website www.greatermanchester-ca.gov.uk. Alternatively, contact the following

Governance & Scrutiny Officer: Elaine Mottershead

✉ elaine.mottershead@greatermanchester-ca.gov.uk

This agenda was issued on Thursday, 2 February 2023 on behalf of Julie Connor, Secretary to the Greater Manchester Combined Authority, Churchgate House, 56 Oxford Street, Manchester M1 6EU

Declaration of Councillors' Interests in Items Appearing on the Agenda

Name and Date of Committee: Integrated Care Partnership Board on 10 February 2023

Agenda Item Number	Type of Interest - PERSONAL AND NON PREJUDICIAL Reason for declaration of interest	NON PREJUDICIAL Reason for declaration of interest Type of Interest – PREJUDICIAL Reason for declaration of interest	Type of Interest – DISCLOSABLE PECUNIARY INTEREST Reason for declaration of interest

Please see overleaf for a quick guide to declaring interests at GMCA meetings.

Quick Guide to Declaring Interests at GMCA Meetings

Please Note: should you have a personal interest that is prejudicial in an item on the agenda, you should leave the meeting for the duration of the discussion and the voting thereon.

This is a summary of the rules around declaring interests at meetings. It does not replace the Member's Code of Conduct, the full description can be found in the GMCA's constitution Part 7A.

Your personal interests must be registered on the GMCA's Annual Register within 28 days of your appointment onto a GMCA committee and any changes to these interests must notified within 28 days. Personal interests that should be on the register include:

1. Bodies to which you have been appointed by the GMCA
2. Your membership of bodies exercising functions of a public nature, including charities, societies, political parties or trade unions.

You are also legally bound to disclose the following information called Disclosable Personal Interests which includes:

1. You, and your partner's business interests (eg employment, trade, profession, contracts, or any company with which you are associated).
2. You and your partner's wider financial interests (eg trust funds, investments, and assets including land and property).
3. Any sponsorship you receive.

Failure to disclose this information is a criminal offence

Step One: Establish whether you have an interest in the business of the agenda

1. If the answer to that question is 'No' then that is the end of the matter.
2. If the answer is 'Yes' or Very Likely' then you must go on to consider if that personal interest can be construed as being a prejudicial interest.

Step Two: Determining if your interest is prejudicial

A personal interest becomes a prejudicial interest:

1. where the wellbeing, or financial position of you, your partner, members of your family, or people with whom you have a close association (people who are more than just an acquaintance) are likely to be affected by the business of the meeting more than it would affect most people in the area.
2. the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice your judgement of the public interest.

For a non-prejudicial interest, you must:

1. Notify the governance officer for the meeting as soon as you realise you have an interest.
2. Inform the meeting that you have a personal interest and the nature of the interest.
3. Fill in the declarations of interest form.

To note:

1. You may remain in the room and speak and vote on the matter
2. If your interest relates to a body to which the GMCA has appointed you to, you only have to inform the meeting of that interest if you speak on the matter.

For prejudicial interests, you must:

1. Notify the governance officer for the meeting as soon as you realise you have a prejudicial interest (before or during the meeting).
2. Inform the meeting that you have a prejudicial interest and the nature of the interest.
3. Fill in the declarations of interest form.
4. Leave the meeting while that item of business is discussed.
5. Make sure the interest is recorded on your annual register of interests form if it relates to you or your partner's business or financial affairs. If it is not on the Register update it within 28 days of the interest becoming apparent.

You must not:

Participate in any discussion of the business at the meeting, or if you become aware of your disclosable pecuniary interest during the meeting participate further in any discussion of the business,
participate in any vote or further vote taken on the matter at the meeting.

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INTEGRATED CARE PARTNERSHIP BOARD

MINUTES OF A MEETING HELD ON 28 OCTOBER 2022 IN THE COUNCIL CHAMBER, BURY TOWN HALL

PRESENT:

City Mayor Paul Dennett	Salford Council (Chair)
Sir Richard Leese	Chair, GM Integrated Care Partnership
Mark Fisher	Chief Executive, GM Integrated Care Partnership
Mayor Andy Burnham	Mayor of Greater Manchester
Councillor Daalat Ali	Rochdale Council
Councillor Ged Cooney	Tameside Council
Councillor Bev Craig	Manchester City Council
Councillor David Molyneux	Wigan Council
Councillor Andrew Morgan	Bolton Council
Councillor Jane Slater	Trafford Council
Councillor Tamoor Tariq	Bury Council
Eamonn Boylan	Chief Executive, GMCA
James Bull	Trade Union Representative
Kathy Cowell	PCB Representative
Health Fairfield	Healthwatch Representative
Charlotte Ramsden	DCS Representative
Jim Rochford	Dental Board Representative
Lynne Stafford	GM VCSE Leadership Representative
Katrina Stephens	DPH Representative

Officers Present:

Janet Castrogiovanni	PCB Managing Director
Gillian Duckworth	Monitoring Officer, GMCA
Warren Heppolette	Chief Officer, Strategy & Innovation, GM ICP
Kevin Lee	Director, Mayor's Office, GMCA
Andrew Lightfoot	Deputy Chief Executive, GMCA
Geoff Little	Chief Executive, Bury Council
Jane Pilkington	Deputy Director, Population Health, GM ICP
Joanne Roney	Chief Executive, Manchester City Council
Sandra Stewart	Interim Chief Executive, Tameside Council

Lee Teasdale	Senior Governance & Scrutiny Officer, Governance and Scrutiny, GMCA
Liz Treacy	Solicitor, GMCA
Steve Wilson	City Treasurer, GMCA

ICPB/01/22 NOMINATION FOR CHAIR OF PARTNERSHIP BOARD

A nomination was received for Mayor Paul Dennett and Sir Richard Leese to act in the capacity of Joint Chairs of the Integrated Care Partnership Board. This nomination was subsequently seconded and passed.

RESOLVED/-

1. That Mayor Paul Dennett and Sir Richard Leese be appointed as Joint Chairs of the GM Integrated Care Partnership Board.

ICPB/02/22 WELCOME AND APOLOGIES

Apologies were received from Chris McLoughlin (DCS Representative), Don McGrath (Dental Board Representative), Evelyn Asante Mensah (Mental Health Care Representative), Sarah Price (Chief Officer, Population & Inequalities, GM ICP) and Councillor Eamonn O'Brien (GM Work & Skills Representative).

ICPB/03/22 DECLARATIONS OF INTEREST

There were none

ICPB/04/22 MINUTES OF THE MEETING OF THE SHADOW PARTNERSHIP BOARD (20 SEPTEMBER 2022)

RESOLVED/-

1. That the minutes of the meeting of the Shadow Partnership Board on 20 September 2022 be agreed as a true and correct record.

ICPB/05/22 ESTABLISHING THE GM INTEGRATED CARE PARTNERSHIP BOARD

Liz Treacy (Solicitor, GMCA) presented a report setting out that the Integrated Care Partnership formed one of the two statutory components (together with the Integrated Care Board) of the Integrated Care System. The functions of the Partnership, including its duties and responsibility for the Integrated Care Strategy were set out to Members. Details setting out additional members, terms of reference and frequency of meetings were also clarified.

Geoff Little (GMCA Chief Executive Lead for Homelessness, Healthy Lives & Quality Care) provided further information on the principles guiding the work being undertaken – particularly the need for partners to develop good relationships and adhere to the need to build from the bottom up; follow the principles of subsidiarity; have clear governance; ensure leadership is collaborative; and avoid duplication of existing governance arrangements.

Comments and Questions

- A comment was raised to ensure members fully understood that the new partnership board would not be a continuation of the previous Health and Social Care Partnership Board voluntary arrangements – this new status came with real power, and as such would be inspected by the CQC accordingly.

- A detailed consultation process had taken place around the shaping of the new arrangements. Coming out of this there had been a number of comments received about the previous ways of working, in particular, how the previous Board could often be a ‘passive’ experience for many. It was intended that the new arrangements would expect that members would play a far more active role in the development of strategy. Task and finish and working groups would be considered going forward to aid in this.

- An amendment was raised in terms of representation from VCSE organisations on the Partnership Board. It was felt that, given the sector had two quite distinct remits, one being providers of care services, and the other being wider representatives of

communities. It was agreed that both of these strands should be represented to ensure the full breadth of the sector was covered, and as such, a further nominee would be sought.

RESOLVED/-

1. That it be noted that the ten Greater Manchester Local Authorities and the Greater Manchester Integrated Care Board (ICB) have agreed to establish the GM Integrated Care Partnership (ICP) as a joint committee of the ICB and ten local authorities.

2. That the appointment of the local authority and ICB members and substitute members of the ICP Board be noted.

3. That the proposed Terms of Reference of the Greater Manchester ICP Board be agreed.

4. That the membership and terms of office of the additional members of the Greater Manchester ICP Board be agreed.

5. That an amendment be made to allow for a second representative of the GM VCSE Leadership Group on the ICP Board – with the expectation that one representative would cover direct providers of care services, and the other non-providers.

6. That it be agreed that the ICP Board will meet at least quarterly in public

ICPB/06/22 THE NHS CONTRIBUTION TO THE GM RESPONSE TO THE COST-OF-LIVING CRISIS

The Chair invited Jane Pilkington (Deputy Director, Population Health, GM ICP) to introduce an item which provided an update on how the NHS in GM was contributing to the wider GM response to the ongoing cost-of-living crisis.

It was clear that the crisis was deepening already existing poverty issues within the region, with more households now beginning to fall into poverty, and the impacts of this already beginning to show in terms of health outcomes.

GM found itself in quite a unique position in terms of being able to make best use of its resources across the system to help mitigate some of these harms, and the report sought to highlight the role of the Health & Care System played its role within a coordinated whole system response.

In terms of impacts, particular issues were drawn out. These included the increased costs in the provision of services, which could in turn impact the market in terms of the collapse of independent providers. Increased demand for health and care services driven by factors such as food insecurity, fuel poverty and insecure living arrangements. Also highlighted were increased energy costs directly impacting with at-home medical equipment such as oxygen equipment.

Members were pointed towards the recent NHS Confederation Report on health as an investible proposition. Analysis had shown that every £1 invested into the NHS, resulted in a £4 return in terms of economic productivity gains and resilience.

A lot of action was already taking place, with locality leads and VCSE colleagues working extensively on developing joined up responses. Examples of work taking place at the system level was also detailed.

Information was provided on plans for the short and medium term. Immediate actions included the opportunity for the health and care system to contribute to the monthly cost-of-living updates being received by the GMCA; strengthening and increasing awareness of the online ‘helping hand’ platform; and taking opportunities to amplify some of the good work already taking place.

Comments and Questions

- Reference was made to 306 warm banks/spaces that had been established within the city region. Was there a risk of duplication in terms of health and care facilities being used for the same purpose? Would LA’s be better as leads on this? Or would care facilities be better placed to support those at most risk of hospitalisation. Officers welcomed the opportunity to liaise with LA’s on their provision of ‘lower level’ warm banks.

- Reference was made to a food bank model being set up for hospital staff in Leicestershire. Was consideration being given to adopting such an approach in GM? Officers advised that information about this project had been picked up and passed on to relevant HRDs for them to reflect upon.

- Members commented that the establishment of the Integrated Care Partnership would be a good opportunity to drive forward progress on the Good Employment Charter.

- It was advised that procurement for commissioning of services by NHS Integrated Care was already following a social value framework that was at least the equal of the GM Social Value Framework. Only Two of GM's NHS Trust's were not Real Living Wage Employers with plans around total coverage going forward.

- It was agreed that there needed to a broader recognition that work was a health outcome. There also needed to be an equality of access to services and acknowledgement of the financial challenges being faced within the NHS – with a current national shortfall in the region of £21bn. All these challenges would not be resolved without things being done very differently to the traditional approach. Diet, smoking and exercise were relatively inexpensive areas to remedy and provide for – yet these currently contributed to around 50% of premature deaths.

- The references to children's health within the report were welcomed. In terms of the partnership approach towards supporting the health and wellbeing of children, tribute was paid to the work of schools, early years centres and family hubs.

- Communications were discussed. It was vital to acknowledge the number of people in 'digital poverty' and that engagement took place with as wide a range of stakeholders as possible to ensure that the right people were being reached, and the right level of accessibility available. A Build Back Fairer Framework was being developed that would encompass equity and inclusion.

- The importance of individuals being able to pay for machines that supported their ability to live at home was highlighted. Them not being able to pay was an extremely damaging position to be faced with, and work would take place to ensure that a funding stream was made available to people in such a position. The GM

Mayor advised that he would be undertaking talks with the 'big 5' energy providers and would highlight this issue accordingly.

- The impact of poverty upon GM's workforce was highlighted. Research from earlier in the year had indicated that around 1 in 5 primary care workers had fallen behind and were now in arrears on paying their household bills; Around half had no occupational sick pay arrangements; and around 1/3 of private contracted staff working within the NHS had been required to ask family or friends for financial support within the last 12 months.

- Further discussion took place around the implementation of the Good Employment Charter, with hope being expressed that its ambition would reach beyond just wage-based questions and look ways in which staff could be supported outside of core terms and conditions, such as subsidised travel to and from work. It was advised that these issues would be picked up through the People's Board and the Real Living Wage Board.

- Members queried how each authority could best report back on its local issues. It was advised that these issues were best addressed through the Cost-of-Living Group.

- The importance of all public facing staff across the system being suitably trained to pick up on the signs that a person may be facing cost-of-living issues was highlighted.

- The Chair highlighted increasing demands upon accommodation in the region, and the need to look again at the three-year budget for homelessness due to the current precarity of the system.

RESOLVED/-

1. That the content of the report be noted following discussion of the implications of the content for health and care in GM.

2. That the proposed actions as set out in 5.4 and 5.5 be agreed.

3. That Members continued to identify other opportunities for action to mitigate the impact of the cost-of-living crisis on health outcomes and health and care services in GM.

4. That GM ICP Officers liaise with the GM Mayor on concerns around home-based life support apparatus ahead of his meeting with energy providers.

5. That the potential for further support for NHS and Social Care staff be picked up through the People's Board and Real Living Wage Board.

ICPB/07/22 DEVELOPING THE GM INTEGRATED CARE PARTNERSHIP STRATEGY

Warren Heppolette (Chief Officer, Strategy & Innovation, GM ICP) was invited to update Members on the development of the GM Integrated Care Partnership's five-year strategy.

This was a primary function of the Board that needed to address the full range of health and care services across the region, but also needed to respond to its ambitions and speak to a range of social determinants of health. GM was in a relatively unusual position in that it would be the second time that it had been tasked with developing a five-year strategy of this level of scope and ambition.

The foundations for the strategy were set out in a serious of shared outcomes and commitments which had been developed on the back of the Health and Social Care Partnership and pre-existing devolution arrangements, but also updating and transitioning these over to the new arrangements. These were intended to speak directly to Greater Manchester in terms of starting life well, living life well and aging well.

It was important that the strategy did not become a compendium of all work being done within GM, making it indigestible as a consequence. It would be a significant plan, but there would be a need to locate and land upon the most deeply significant missions to progress, and measure output and impact accordingly rather than just a serious of ambitions that could not be tracked.

Comments and Questions

- The Chair highlighted the timescales to members. It was planned that the final version would be ready in February 2023 for approval and subsequent submission to government.

- VCSE Members welcomed the opportunities provided so far to contribute to the drafts and highlighted the importance of making explicit plans around diversity, equalities, and inclusion. As many health inequalities were intersectional with protected and non-protected characteristics.

- The importance of a strategy communicated with clarity to ensure public buy-in was highlighted.

- The importance of workforce and skills underpinning the strategy was highlighted. It was advised that work was taking place in this area, and a future report would likely be brought back further detailing this.

RESOLVED/-

1. That the update on the ICP Strategy Development be noted.

2. That members reviewed and subsequently supported the plans for the next steps.

ICPB/08/22 ANY OTHER BUSINESS

Members would be contacted in due course within details of the next meeting of the Partnership Board.

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The Integrated Care Partnership Strategy - Update

ICP Board – February 2023
Warren Heppolette – Chief Officer – Strategy and Innovation
– NHS Greater Manchester Integrated Care

Developing the Strategy

Since the Strategy Session at the ICP Board in December, we have:

- Produced an engagement draft of the strategy and sought comments on this from the GM system
- Continued to refine the model for health, missions and ways of working
- Commenced an engagement exercise with health and care staff in GM – building on the Big Conversation with communities across GM
- Completed an analysis of Locality Plans as a foundation for the GM Strategy
- Begun the process of describing how we will deliver on our strategic ambitions through the 2023/24 Operational Plan and the Joint Forward Plan

Acting on System Feedback

Partners across the system have provided valuable feedback on the engagement draft. We will act on this through:

- A sharper description on how we complete our journey to a radical model for health – conditions for good lives, prevention, integration across public services, collaboration based on shared standards, a digitally enabled system at the forefront of discovery
- How we apply this model to the real challenges of today through 6 missions as the priorities for our strategy

We will re-focus the overall document so that the reader moves more quickly from background and context into those actions that we will take collectively as a system

Introducing the Strategy

About the Greater Manchester Integrated Care Partnership

About Greater Manchester's integrated care system

How does our Greater Manchester system fit together?

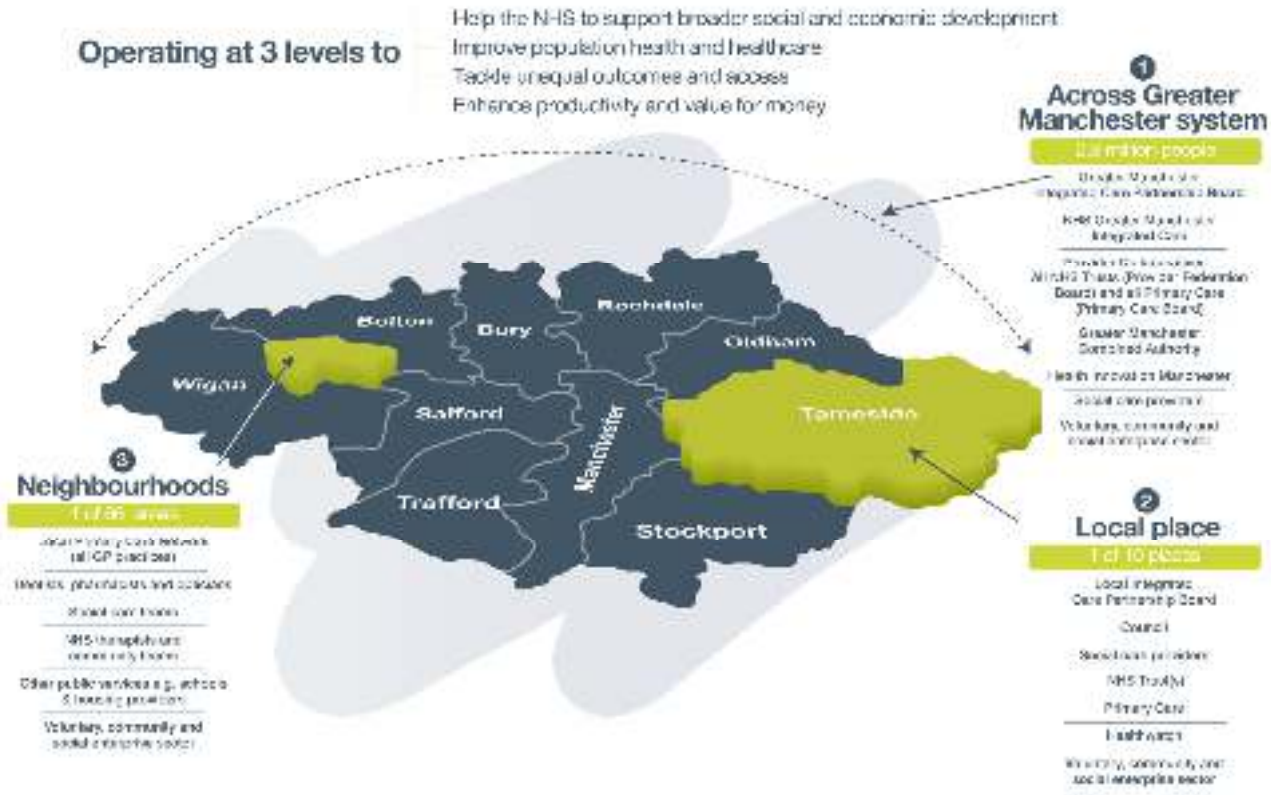
Our system will be called GM Integrated Care Partnership and will be made up of two statutory elements:

- Greater Manchester Integrated Care Partnership Board, involving all the different organisations which support people's health and care
- NHS Greater Manchester Integrated Care, a new organisation, overseen by a Board, to support integration within the NHS to take a joint approach to agreeing and delivering ambitions for the health of the population

In addition there will be similar partnerships in each of GM's ten districts or localities.
Our system partnership will operate at three levels: neighbourhood, locality and Greater Manchester and will have a single vision and strategy. Hospitals, GPs, community services and other providers will come together to form collaboratives within all three levels.

About Greater Manchester's integrated care system

How does our Greater Manchester system fit together?



Introducing the Strategy

Our Vision and Foundations

Our shared vision

We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region
Greater Manchester Strategy

What this looks like in health and care:

A Greater Manchester where …
• Everyone has a fair opportunity to live a good life
• Everyone has improved health and wellbeing
• Everyone experiences high quality care and support where and when they need it
• Health and care services are integrated and sustainable

Foundations

This is our core work as a system – underpinning all that we do

Together we will …
• Ensure our children and young people have a good start in life
• Help people, families and communities feel more confident in managing their own health
• Support good work and employment and ensure we have a sustainable workforce
• Play a full part in tackling poverty and long-standing inequalities
• Drive continuous improvements in access, quality and experience – and reduce unwarranted variation
• Use technology and innovation to improve care for all
• Ensure that all our people and services recover from the effects of the pandemic as effectively and fairly as possible
• Help to secure a greener Greater Manchester with places that support healthy, active lives
• Manage public money well to achieve our objectives
• Build trust and collaboration between partners to work in a more integrated way

Our Ways of Working

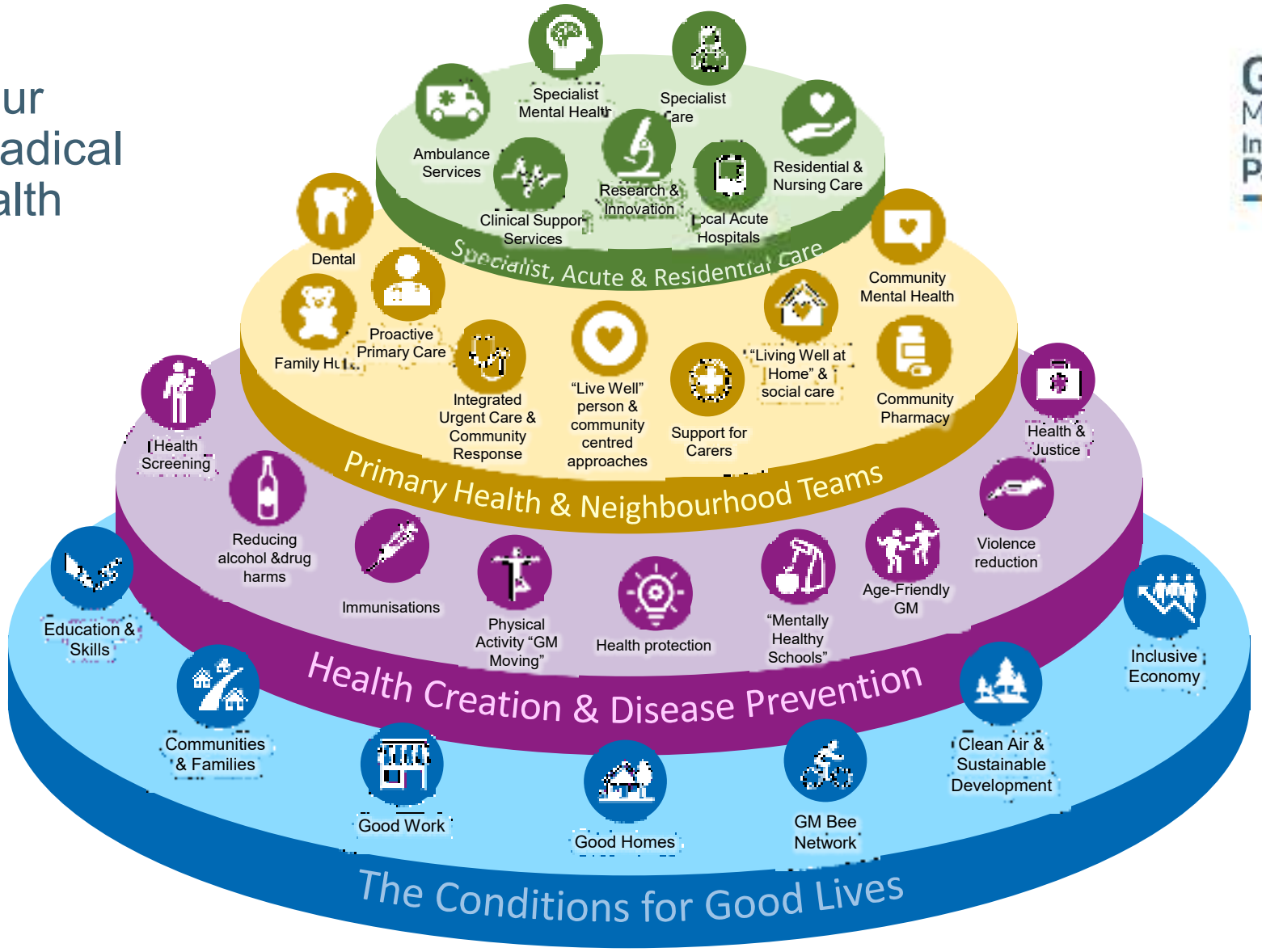
The way that we work together will play an important part in achieving our vision.

Behaviours	We will …
Understand and tackle Inequalities	Understand and take action to address inequalities in everything we do
Share risk and resources	Work together whatever our organisation or place, sharing risk and resources to achieve our vision
Involve communities and share power	Working with people and communities so everyone plays a full part
Spread, adopt, adapt	Work quickly to take on and adapt the best practices in our places and organisations
Be open, invite challenge, take action	Build trust through speaking up, understanding and taking action
Names not numbers	Focus on people and place supported by organisations working together.

Introducing the Strategy

Our Model for Health

Completing our journey to a radical model for health



Our model for health

Creating the conditions for a good life in good health

- **Good Homes** - tackling and preventing homelessness and developing homeless healthcare as part of an inclusion health approach; connecting with the GMCA, local government and GM's housing providers to improve the availability, and quality of housing, including supported housing.
- **Healthy places** - developing neighbourhoods with clean air access to green spaces where communities can come together to improve and enjoy their local environment benefitting their physical and emotional health; where active travel through walking and cycling is made easy and supported by our collective work through GM Moving. Ensuring that places are age-friendly and that older residents can contribute to and benefit from sustained prosperity and a good quality of life to ensure they can age well.
- **Inclusive economy** - a people centred approach to economic development where everyone can participate in local economic life; where local resources and wealth are redirected into the local economy and where local people have more control. Where we maximise the contribution of public services through our social value framework and our contribution as local economic anchors in relation to employment, procurement, building and land use, and our environmental impact.
- **Skills, education and good work** - supporting early years development to support more children to be school ready; ensuring successful educational experiences in schools and colleges which support positive mental health; and securing more control of the post-19 skills system to lead to better employment opportunities across the city region. Focussing also on good work through the spread of the GM Good Employer Charter improving pay and supporting well-being in work.

Our model for health

Establishing an upstream model for health creation and disease prevention, in particular for those groups at greatest risk.

- **Screening and immunisation** - identifying those at greatest risk and supporting early detection and therefore earlier treatment and support. Reducing health inequalities and addressing differences in uptake among different groups.
- **Reducing harms from tobacco, alcohol and drugs** - reducing smoking prevalence as part of our Make Smoking History Programme; reducing alcohol and tobacco harms especially during pregnancy; and changing lives with those experiencing multiple disadvantage and struggling with the complexities of drug, alcohol, mental health and associated problems. This has been at the heart of our Public Service Reform journey for over a decade now and ensures we work across sectors to tackle the root causes of demand and improve population health on a more sustainable basis.
- **Health & justice** – addressing the health, social care and criminal justice factors that can lead to life-long poor physical and emotional health, and reduced life-expectancy, for people who are seen in the criminal justice system, as offenders or victims. Working with Greater Manchester Police, National Probation Service, education professionals, youth justice and local authorities to address the underlying causes of violent crime and work together with communities to prevent it. It forms part of Greater Manchester's approach to tackling serious violent crime, ensuringmvictims of violent crime get the right support, and improving the criminal justice response to all forms of serious violence.

Our model for health

Providing proactive primary care and support and reducing demand on acute services through a comprehensive neighbourhood model spanning public services, local business and community led groups.

- **Integrated neighbourhood teams** - typically organised for 30-50,000 residents and coterminous with primary care networks. Connecting , primary, community, social and local acute care with local VCSE and wider public services (such as housing providers, schools, employment support and the local police and fire and rescue service). Maximising the enormous potential of community pharmacy with those integrated teams to demand across the care system and reduce pressure on GPs and local hospitals. Utilising population health management tools to anticipate care needs and provide support and preventative care before crises occur. Integrating local urgent care to provide an urgent community response and reduce the need for people to need ambulance or hospital support.
- **Living well at home** - our adult social care ambitions supporting people to live well at home, as independently as possible, making sure that the care and support people experience responds strengths and what matters most to them; valuing and respecting carers through recognition and support; supporting people with complex needs with enhanced care at home to prevent people going into hospital and to return home as quickly as possible; and working with social care providers to improve quality and ensure a resilient and diverse market for care.
- **Supporting children and young people** - providing early help to families with a focus on improving educational attainment, speech and language and healthy weight; ensuring good emotional well-being with earlier targeted intervention and expansion of community based mental health services; co-produced support for children and young people with special educational needs; support through transitions as part of a 0-25 model; and boosting outcomes for young people leaving the care system through support in education, employment and training, health support, and achieving financial stability.
- **Ageing Well** - A change in approach to health & social care to ensure more proactive care. Preventing poor outcomes through healthy and active ageing. Quality improvement in existing acute & community services ensuring people get the right care when they need it

Our model for health

Providing exceptional specialist care led through our local trusts and their models of collaboration. Ensuring that we stay at the forefront of health innovation and discovery.

- **Urgent and emergency care** - using a clinically guided GM approach to develop the pathways between local urgent care services such as GP out of Hours, 111 and A&E and more specialist emergency care such as for Major Trauma, Hyper-Acute Stroke, and heart failure). Empowering the GM Provider Collaboratives to organise and deliver a consistent approach to triage, treatment and transfer across urgent and emergency care sites.
- **Planned care** - using the provider collaboratives to direct planned care recovery and address the backlog through a single shared patient list, targeting health inequalities, offering virtual outpatients and managing staff well-being. Managing the flow of new patients needing diagnosis and treatment enabling access to specialist opinion and developing models for community diagnostic hubs. Reducing unwarranted clinical variation through approaches including Getting It Right First Time and maximising bed and workforce capacity.
- **Cancer care** - comprehensive preventative approaches to reduce people's risk of developing cancer. Orientating the whole system towards early detection, diagnosis and treatment to improve survival outcomes and experiences. Considering the full range of peoples needs to enable them to live well with and beyond cancer. Bringing together world class researchers and clinicians with our research bodies to constantly improve the lives of people affected by cancer.
- **Mental Health** - multi-disciplinary team working that connects to neighbourhood and community based care and is strengths based, increases access to evidence based clinical interventions, psychological therapies and social support. Using "Thrive" principles to meet dynamically changing needs of children, young people, adults and older people with common mental health problems, severe mental illness, and those with very complex needs who may not currently meet the thresholds for secondary care services. People receiving support can move between different types of help as their needs change.
- **Health Innovation** - connecting the healthcare system with academia and industry to respond to health and care challenges and stay at the forefront of the national and global agenda in discovery science, innovation into practice and population health. Unlocking the full potential of our digital and data assets to support redesign and transform care to benefit GM residents. Finally, to significantly grow our activity in community based research.

Completing our journey to a radical model for health

We have been developing this comprehensive model for health and integrated care for the last seven years and more.

It is based on core principles of co-production and working with people and communities and not ‘doing to’.

We have exceptional examples of integrated neighbourhood working, mature provider collaboration and public service reform and evidence of impact.

We also have enhanced potential to realise a social model for population health and prevention given the depth of relationships between the NHS, Local Government, wider public service partners and the VCSE.

We have a unique vehicle to drive our research, innovation and discovery efforts and support deployment at scale.

Our challenge, is that this is not universally realised across GM. Our aim through the strategy therefore is to confirm the actions and approaches necessary to reach the tipping point to ensure we complete this journey.

Introducing the Strategy

Applying our Model for Health to the Challenges of the Next Five Years through our 6 priority missions

Applying that model to the challenges of today & the next 5 years

- Participants in our Big Conversation emphasised their concern about the problems **accessing core health and care services**. Reducing long waits as core services are restored is essential to maintain the confidence of those residents requiring our care.

- Everyday life for many is precarious and repeated shocks affecting people's sense of **security and wellbeing** are now widespread. This is evident in the effects of the cost of living crisis and what that means for food and fuel security, digital exclusion, housing and employment security. These represent profound risks for the health and wellbeing of our population.

- Poor health remains the single most important factor driving long term **exclusion from employment** and participation in the economy. That exclusion affects a quarter of our working age population.

- The **health and care workforce** is at breaking point and faces an unprecedented crisis. Addressing our workforce challenges is the biggest barrier to improving the way we provide health and care for our communities. The GM public expressed its own concerns for the pressure on our health and care workforce. We must also recognise the additional pressure and challenge faced by unpaid carers supporting their loved ones every day. The more that stresses emerge in public services, the greater the consequent demands move to families and carers.

- The failure to prevent illness and its late detection means that our health and care system remains locked in a cycle of responding to crisis. GM's population experiences higher mortality than it should, and people spend a greater proportion of their lives in poor health. An **upstream model of care and earlier intervention** remains a consistent ambition across each of our locality plans

- The pressure on public finances over an extended period is evident in our inability to ensure resources match the demand on health and care services and ensure **long term financial sustainability**. The financial challenge facing the system is greater than at any point in the last 20 years.

6 missions to meet those challenges

Greater Manchester Integrated Care Partnership

The recovery of NHS and care services

Improving access to high quality, core services and reducing long waits

- Improve ambulance response and A&E waiting times
- Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
- Make it easier for people to access primary care services, particularly general practice
- Continue to value parity between mental and physical health and ensure universal coverage of core services
- Pursue best practice pathways to improve quality and reduce unwarranted variation

Strengthening our communities

Help people, families and communities feel more confident in managing their own health

- Supporting our communities to help each other and improve social connections.
- Promoting positive mental health and parity of esteem with physical health services
- Helping people remain independent whenever possible, through the promotion of self-care and prevention.
- Supporting communities through the cost of living crisis and ensuring accessibility of universal services for all and directly tackling digital exclusion
- Improving the reach of services into disadvantaged communities, and the way services are provided to those facing multiple disadvantage.

Increasing prosperity

Helping people get into, and stay in, good work within an inclusive economy

- Acting on the relationship between poor health, economic participation and productivity.
- Maximising social value through the contribution of local “anchor organisations”

6 missions to meet those challenges

Greater Manchester Integrated Care Partnership

Prevention and early detection

Helping people stay well and detecting illness earlier

- Partnering with our residents and communities to reduce mortality, particularly from cancer, cardiovascular, and respiratory diseases.
- Moving systematically and in an evidence based way from a reactive, crisis model which deepens inequality to one dependent on integrated neighbourhood working, anticipatory & person centred care.
- Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
- Make it easier for people to access primary care services, particularly general practice

Supporting our Workforce and Carers

Valuing the people who provide the care

- Demonstrating through action and reward the value we place on those providing care across health and care,
- Action to support, retain, develop and enable wellbeing in our workforce, as well as at home for carers.
  Increasing pathways from education into caring careers

Achieving financial sustainability

Manage public money well to achieve our objectives

- Addressing the drivers of both cost and demand in the system, for example by heading off the need for high cost placements and crisis provision, supporting medicines optimisation, and improving productivity through digital technology.
- Identifying and pursuing those changes to care provision which would maximise outcomes and reduce demand on formal and crisis care.

Greater Manchester Integrated Care Partnership

Introducing the Strategy

Next Steps

Setting Out How We Will Deliver on the Strategy

Integrated Care Partnership Strategy

- Duration: 5 years
- Informed by: GMS; National Guidance; Locality Plans; Sector Plans
- Purpose: strategy for broad health and social care needs of the population including determinants of health
- Ready by: 24th March 2023

Joint Forward Plan

- Duration: 5 Years
- Informed by: ICP Strategy; National NHS Plans
- Purpose: Delivery Plan for ICP Strategy
- Ready by: End of March 2023 (draft); June 2023 (final)

Operational Plan 2023/4

- Duration: 2023/24
- Informed by: ICP Strategy; National NHS Plans
- Purpose: Detailed Delivery Plan for 2023/4
- Ready by: 23rd February (draft); 30th March (final)

Next Steps

- Continue the process of engagement over the next few weeks
- Build in the feedback from health and care staff
- Accelerate the development of our delivery plans through the Joint Forward Plan and 2023/4 Operational Plan
- Seek approval for the ICP Strategy from this Board on 24th March

Greater Manchester Integrated Care Partnership Board

Date: 10 February 2023

Subject: An Integrated Approach to delivering our Ambition for Children and Young People in Greater Manchester

Report of: Mandy Philbin (Chief Nurse, NHS GM Integrated Care, Executive Lead for Children & Young People) and Caroline Simpson (Chief Executive, Stockport MBC, Portfolio Lead for Children & Young People)

PURPOSE OF REPORT:

To gain the support from the GM ICP and GMCA to strengthen the alignment for integration and partnership working to improve health outcomes for GM children and young people.

RECOMMENDATIONS:

The Integrated Care Partnership Board are requested to

- Note the foundations for an integrated approach to improving health outcomes for GM children & young people.
- Endorse the recommendations for how we might strengthen governance arrangements in section 4 of the paper.
- Endorse the set of commitments listed in section 5 of the paper for taking an integrated approach to improve health outcomes for GM children & young people and tackling inequality.

- Endorse the set of priorities identified in section 6 of the paper and note the ambitions to develop a set of measures that will enable us to assess progress as a GM system.

Contact officer

Name: Jacob Botham

Telephone: 07976571993

E-Mail: jacob.botham@greatermanchester-ca.gov.uk

Number of attachments to the report: 1

Appendix 1 - State of Child Health indicators (Royal College of Paediatrics and Child Health) to provide details on the RCPCH framework, for information and reference.

1.0 Introduction

1.1 Greater Manchester is passionate about ensuring that all our children and young people get the best start in life and are cared for, nurtured and supported to grow up well and achieve their ambitions in life. Put simply they are our future. It is therefore fundamental that as a set of partner organisations we make children & young people an absolute priority.

1.2 As this paper sets out there are strong foundations to build on in our ambitions to improve outcomes for children & young people. Over the last 5-10 years GMCA has worked alongside the ten districts to promote approaches where a GM approach can add value to the work locally. This includes work to develop common practice standards for particular groups of young people (eg. SEND, Care Leavers), developing GM level solutions to common challenges and spreading innovative practice, which often emerges from work of multi-agency partnerships involving local government, police, schools, voluntary and community sector organisations and communities themselves alongside NHS partners in GM neighbourhoods.

1.3 There is already acknowledgment of the need to adopt a system wide approach that recognises that improving children & young peoples' health cannot be the sole responsibility of any single organisation or sector and that taking a partnership approach enables us to draw on a wider range of levers to influence health outcomes. When thinking about how we can best support the needs of children & young people we must not ignore the wider social determinants of health and the role that different organisations and sectors play in trying to alleviate the impact of these on the lives of children & young people and families.

1.4 The establishment of the GM Integrated Care System on 1st July 2022 presents a major change to the way in which heath and care will be delivered nationally and here in Greater Manchester. Through the emerging Integrated Care Partnership Strategy there is an opportunity to firm up our commitment to put children & young people at the forefront of our plans and make clear the

priorities we need to get behind as a system. It also offers the opportunity to align our governance and delivery arrangements so that we take a more integrated approach to improving outcomes for our children & young people at both a GM and locality level.

1.5 This paper is purposely being submitted to both the GM ICP and GMCA. This acknowledges that the priorities for children & young people span across the ambitions of the Greater Manchester Strategy and the Integrated Care System but also the requirement for shared accountability and even greater integration in our ambitions to improve outcomes for GM children & young people.

2.0 Why Children & Young People must be a priority

2.1 Looking specifically at the Greater Manchester context, latest 2021 Census data confirms that the GM city region is home to over 650,000 children (23% of the resident population); and nearly 915,000 children and young people when taking a broader view of those aged up to 25 years (32% of the population). Numbers have increased over the last 10 years to a greater degree than is the case nationally; for example, there are over 50,000 more under 18s now than in 2011.

2.2 While the CYP population continues to grow, around 1 in 4 continue to live in poverty, according to DWP data on % of children 0-15 living in low-income households. We recognise the impact following Covid 19 on individuals, families, services and social economic will widen the health inequalities should we not act effectively and efficiently.

2.3 There is a central moral and ethical rationale to underpin the prioritisation of children and young people in public policy, and a wealth of evidence confirming that moving resources to prevention and earlier intervention achieves better outcomes in the long term, with substantial financial returns on investments.

2.3 The specific health case for investment in children requires a long-term view, and should reflect our understanding of system costs in adulthood, viewed through a holistic lens of physical, mental and population health (a whole range of issues including adult mental health; rising rates of obesity; diabetes; heart disease). The life course costs of late intervention have been estimated at £17bn across England and Wales (including nearly £4bn borne by the NHS). Exposure to four or more categories of childhood exposure (ACEs) has been associated with: a 4 to 12-fold increased risk of alcoholism, drug abuse, depression, and attempted suicide; a 2 to 4-fold increase in smoking, poor self-rated health and sexually transmitted disease; and 1.4 to 1.6-fold increase in physical inactivity and severe obesity. In the face of these challenges, when early intervention is given due prioritisation the rewards are significant – one of the best examples is the evidence base for Sure Start centres, which reduced hospitalisations at ages 5–11 and saved the NHS approximately £5 million per cohort of children.[1]

2.4 A whole range of metrics and indicators are available to 'tell the story' around the myriad of challenges facing our children and young people, many of which have been exacerbated by Covid-19 and the cost of living crisis – some are population-level, while others reflect issues experienced by particular groups, and most come with their own nuances in terms of demographic and spatial inequalities. However, by way of illustration only, five such challenges help articulate the nature and scale of the priority within GM:

i. Child development in the early years

- Fewer of the city region's young children achieved a 'good level of development' (60.7%) than was the case nationally (65.2%) when end of reception year assessments took place in summer 2022.

[1] £17bn figure - Early Intervention Foundation's seminal 2016 work; ACEs insights - Bright Futures: getting the best for 30 years | Local Government Association; Sure Start - Research by the Institute of Fiscal Studies

- Further upstream, despite a positive direction of travel in the most recent year, fewer GM children (73.6%) aged 2-2.5 years were assessed as reaching the Healthy Child Programme 'expected' level of development when comparing GM figures and England overall (80.9%).

ii. School aged children – wellbeing

- Insights provided through the #BeeWell programme in its first year (2021) confirmed that around 52% of our Year 10 pupils reported good or higher levels of wellbeing, but that wellbeing was lower for many in the city region. National comparisons are limited, but key wellbeing scores at a GM-level seem consistent with what we know from other large studies.
- Findings shared through the #BeeWell Neighbourhood Data Hive provide a rich evidence base on the varied results across each of GM's 66 neighbourhoods – inviting tailored responses in light of local characteristics and needs.
- The #BeeWell results also provided a reminder that important demographic inequalities persist in wellbeing scores, particularly across gender identity and sexual orientation – e.g. 7% of boys reported a high level of difficulties for a key 'Negative Affect' measure in the survey, compared with 22% of girls.

iii. Long term physical health conditions – various priorities, including asthma

- The rate of asthma-related hospital admissions amongst 0-19 years olds in GM is persistently high, and was almost twice the national average (134 per 100,000) in 2020/21.
- Latest annual figures (to Nov 2022) show asthma-related hospital attendance rates across GM were 50% higher amongst CYP from disadvantaged communities.
- Asthma is one of five clinical priorities within the Core20PLUS5 NHS England framework, an approach to support the reduction of health inequalities.

iv. Mental ill health

- In community services, waiting times for CYP in GM have increased compared to last year (13.6 weeks vs 11.5 weeks), with 2 year+ waits being experienced in some areas (e.g. autism spectrum disorder).
- In urgent care, figures across 2022 show that 36% of CYP in GM waited 6 hrs+ in A&E, with these longer waits becoming somewhat more common across GM and wider NW region.

v. Vulnerability, risk and complex care

- There are disproportionately high numbers of children and young people across GM who are at risk, vulnerable or have complex needs. One example of this: at the end of 2021/22, there were 92.1 looked after children per 10,000 under 18 years olds in the care of the local authorities of Greater Manchester. This compares to 69.8 per 10,000 in care of authorities across England overall.
- This complexity can result in significant NHS system pressures and demands. For example, between the beginning of 2020 and mid-December 2022, there were 60 completed instances of delayed discharges from NHS tier four specialised mental health provision in GM (an average of 20 per year), lasting an average of 50 days each and in extreme cases 150 days or more. A shortage in the availability of residential children's home provision for children in care with a mental health need is a key contributor.
- Newly-compiled health data in relation to young people open to GM's multi-disciplinary Complex Safeguarding Teams suggests that 72% have emotional and/or mental health needs; 55% have substance misuse needs; 37% sexual health needs and 26% physical health needs.

3.0 Foundations

3.1 An important foundation for improving health outcomes for GM children & young people is better integration between organisations and sectors. We are not starting from scratch with this regard.

3.2 *A Common Strategy* - At a Greater Manchester level the last CYP Plan (2019-2022) described a set of cross organisational ambitions and shared priorities in acknowledgement of the fact that improved outcomes for children & young people cannot be the responsibility of a single agency /sector. The plan succeeded in connecting large elements of the existing GM Children & Young People's Framework (Childrens-Health-and-Wellbeing-Framework-6a-11.05.18.pdf (gmhsc.org.uk))into a single multi-agency plan and represented an important milestone in the way we approach our work around children & young people at a GM level. Further information around what was delivered through the final monitoring report for the plan can be found here Review of the 2019-2022 Greater Manchester Children and Young People's Plan (greatermanchester-ca.gov.uk).

3.3 *Collaboration* - Alongside the development of our GM CYP plan we have strengthened our collaboration at a strategic and programme level. The GM Children & Young People's Steering Group sees senior officers from across local authority, health and police and the voluntary sector come together on a regular basis to provide direction to the work on our shared priorities. This type of multi-agency collaboration is also evident in the delivery of a number of project areas, particularly those focussed on specific groups of children & young people (such as 0-5 year olds, Looked after Children / Care Leavers and children & young people with SEND).

3.4 Alongside the role of local authorities the partnership with GMP, health and community safety partners at both the GM and local level is critical in ensuring that particular groups of young people such as those known to the criminal justice system and those in custody have their health needs met. The GM Integrated Health & Justice Strategy is a good example of this type of collaboration, which includes a commitment to take a public health approach to tackling violence and its root causes and has positioned Greater Manchester well in respect of the introduction of the Serious Violence Duty from 31st January 2023.

3.5 Schools have a vital role to play from a strategic perspective at GM and locality level but also at a delivery level in neighbourhoods. Models like 'team around the school' that operates in many of our localities demonstrate how schools can effectively integrate health in our work with children & families alongside local authorities and other partners.

The voluntary and community sector is essential in meeting the heath needs of children & young people at a universal and targeted level and we have seen through our work in early years and mental health what essential role they play in prevention and responding to crisis.

Finally, when we talk about health it is important that we recognise the different roles and expertise with the health system, for example the vital role primary care play as part of of an integrated system for children and families in localities and the role of locality public health teams who directly commission healthy child programme, lead on infant feeding and commission sexual health services, substance misuse services etc.

3.6 *Shared leadership* - We have examples of joint leadership with the current GM Children's Health & Wellbeing Exec jointly chaired between a Local Authority Director of Children's Services and health leadership.

3.7 *Shared resources* - There are examples of joint investment in some work areas including specific project posts that are working on shared priorities, for example SEND and school readiness and speech, language and communication or joint funding of operational models at locality level designed to support some of our most vulnerable young people.

4.0 Proposed Changes for Governance & Shared Accountability

4.1 Our ambitions to adopt an integrated approach to improving outcomes for children & young people must exist at different spatial levels. Whilst integration at the Greater Manchester level is important the achievement of

improvements across the priorities set out above will be most reliant on neighbourhood and place-based working. A good example of this is our work in early years where whilst we have seen the benefit of working collaboratively at the GM level the integration that takes place at a neighbourhood level is what most affects the experience of families the most - with health visitors working hand in hand with local authorities, early years providers and voluntary and community organisations to support families, particularly those that need most help.

4.2 We therefore recommend a governance system at the GM level that enhances the work undertaken at a local level but also includes clear lines of shared accountability across the GM Integrated Care Partnership and GMCA. To achieve this multi-agency governance arrangements established at the GM level should also be reflected in local arrangements, for example ensuring that Directors of Children's Services have a strong voice and role in locality boards and structures as well as at the Greater Manchester level.

4.3 It is important that we build on existing arrangements, for example the GM Children's Board already brings together political and senor representation from local authorities alongside representatives from health, police and the voluntary sector to discuss the big issues affecting GM children & young people. It has previously taken a role in directing resources following the receipt of transformation funding in 2018 and has taken has strong foundations not least in its commitments to providing a voice to children & young people.

4.4 This paper recommends that the GM Children Board reporting to the Integrated Care Partnership and GMCA is developed to act as a 'systems board' that that through its attendance can represent the range of accountabilities brought together to deliver on the priorities set out in this paper. Through the adoption of a shared vision, shared objectives, focus on reducing gaps in health inequality and optimise new ways of working via co-commissioning this can enhance our integrated approach to improving outcomes for children & young people. To make this shift the GM Children's

Board will need to have a greater connectivity to the ambitions of the NHS Five Year Plan in addition to the Greater Manchester Strategy.

4.5 At the programme level there are also opportunities to strengthen our delivery arrangements. It is proposed that this could be achieved through having a dedicated multi-agency delivery group overseeing implementation across agreed priorities that connects into specific project groups responsible for individual priorities, some of which will already exist in the current governance.

5.0 A set of shared commitments for how we work together

5.1 The development of a Greater Manchester Integrated Care System (ICS) presents an opportunity to re-affirm our commitment to improving health outcomes for our children & young people. It can help us address the negative and often unintended consequences for children and families when organisations work in isolation of each other that creates the risk of fragility of capacity arrangements, fractured disjointed offer to our population, duplication and missed opportunities. We have an opportunity to go further towards a shared vision to:

'Take an integrated approach to improving outcomes for children & young people and tackling inequalities that puts the needs and experience of children, young people and families at the heart of our ambitions'.

5.2 The following set of commitments should underpin our work to improve outcomes for children & young people. These commitments acknowledge much of what we have learned from our public service reform agenda and children & young people health transformation work in Greater Manchester over the last decade:

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
Shared Ambitions	Having a shared vision, shared principles and set of priorities for GM children & young people. This should be clear and explicit from the outset including our ambition to respond to what our children & young people are telling us and work with them at all stages.	Enables us to focus on the things that matter most (inequalities, system pressures and what children & families tell us is most important to them) and allocate resources accordingly.	Shared ambitions agreed through GM ICP and Children's Board alongside local leaders (e.g. Directors of Children's Services) and wider partners with monitoring of progress against agreed set of agreed indicators.
Children & Young People Voice	Commitment to incorporate the voice and rights of children & young people in decision making that affects the support they receive in the community and acute settings. Work to an agreed quality standard for	By listening to what matters to our children, young people and families, we can plan the right steps to improve their health and wellbeing as they grow up and support them to achieve their goals in life.	Appropriate involvement of children, young people in our key strategic groups. Clear expectation of effective engagement and co-production as a core set of requirements for programmes

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
	CYP voice & co-production work in GM.		focused on our agreed priorities. Working to a common framework for incorporating the voice of children that underpins our work.
Tackling Inequalities	Commit to understanding and responding to inequalities as part of our work to improve outcomes for children & young people. Seek to rebalance the resource allocated to support the needs of children & young people.	GM Inequalities report makes it clear that there are still significant disparities in health outcomes for different groups of young people across GM. S At a population level the proportion of spend and resources allocated towards children & young people as a whole versus the overall population is currently not representative of the demographic across the city region.	Reporting on inequalities and proactive approach to tackling them through GM programmes of work. Report and monitor total spend on children & young vs population to ensure equity and a shift of resource to prioritise preventative measures with explicit targets to

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
			achieve this objective.
Resourcing & Commissioning	Commit to taking a partnership approach and longer term view to resourcing our priorities through shared responsibility and transparency of available resources. Maximise opportunities for joint commissioning of specialist services at different spatial levels.	With all public services facing financial pressures taking a fair and transparent approach to resourcing our shared priorities is important. This recognises the budget pressures facing different sectors as a result of shrinking budgets but that different parts of the system benefit from improved health outcomes for children. Joint resourcing of some areas of work and some posts is already in place across some work areas. Identifying opportunities for cross-boundary commissioning of	Regular reporting on resources and funding allocated to support priority areas of work including where gaps exist – to support effective decision making at ICP and Children's Board on source of funding and resources. Commissioners working collaboratively to assess quality and impact of different services and identify opportunities for joint commissioning.

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
		specific services can potentially provide efficiencies and drive improvement in quality.	
Early intervention & prevention	A commitment to early intervention & prevention at the universal and targeted level as a central component of our strategy for improving outcomes for children & young people and tackle inequalities.	Research and evidence tell us that effective early intervention is critical for avoid deterioration in mental & physical health conditions and is critical part of long-term strategy to manage demand in the acute / crisis sector.	Commitment to monitor and report on level of investment in preventative activity related to children & young health outcomes as a proportion of overall activity / spend.
Shared leadership, governance, reporting and accountability	Set up appropriate governance structure that has clear lines of accountability for shared priorities including a commitment to better understand and respond to variation across the city-region. This will need to operate	Recognises that children and young people's health outcomes are not the responsibility of any individual organisations and integration is key to the experience of children & young people.	Agree to joint reporting of progress on agreed priorities, sharing and addressing risks and measuring improvement through an agreed set of indicators through both GM Integrated Care Partnership, GM

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
	effectively at GM system, locality and neighbourhood level.	Taking a holistic approach to the health needs of children & young people that recognises the determinants of health including the inequalities, poverty and the connection between physical and mental health issues directly influences health outcomes for children & young people.	Children's Board and other key groups.
Work in partnership with VCSE sector and communities themselves.	Recognising the work of the VCSE sector on improving health outcomes for children & young people is recognised and valued. Acknowledges that many of the solutions lies in communities themselves.	The VCSE sector play a vital role in supporting children & young people, particularly through a range of preventative activities at a neighbourhood level – as such they need to be seen as equal partners in improving outcomes for children & young people and tackling health inequalities across GM.	Ensuring the VCSE are appropriately connected into the children & young people's governance and that they have a voice in decision making. Monitoring levels of funding for VCSE organisations that demonstrate they

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
		Evidence that community led approaches can be preventative, innovative and be more responsive to the needs of children & young people.	contribute to improved health outcomes. Make community led approaches a central feature of our strategic plans.
Innovation & shared learning.	Commit to sharing and adopting innovative practice and sharing learning in the field of children & young people's health and wellbeing.	Most of the most innovative models and approaches start within localities whilst others emerge from other parts of the country or abroad. We must find a way to evaluate them properly and be brave to invest in and implement them in our communities where evidence exists. Our infrastructure in GM lends itself well to adopting innovative practice as we have already seen in some our work with children & young people – we	Ensure that we have the appropriate infrastructure and resources in place to promote innovative approaches, evaluate them and share learning. Through regular reporting we can assess to which innovative practice is developed and adopted across GM.

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
		should commit to keeping this as central part of our strategy for improving health outcomes for children & young people.	

6.0 A Set of Shared Priorities

6.1 Having consensus on a set of shared priorities will help focus on the things that matter and ensure we direct our resources to the areas that need it most. Through a range of different sources such as #Beewell, our Young Inspectors scheme and the work of groups like the GM Youth Combined Authority we have a good understanding of the things that matter to young people, not least that they have a say in the services and support they receive and that they care as much about tackling inequalities that exist in the city-region as we do.

6.2 Coupled with analysis of data and intelligence around demand in the system it is proposed that the following areas of work should be considered priorities within the context of the GM ICP strategic plan.

- **Early years** – Taking an integrated approach to early years recognising the importance of 1001 critical days and responding to the detrimental impact of Covid-19 on the development of 0-5s whilst adding value to the work of districts on this priority group.

- **Children & young people with long term conditions** – Taking a preventative approach to tackling issues that may contribute to longer termer conditions such as obesity and asthma and ensuring those with long term conditions get high quality treatment they need in their communities.

- **Family help (including family hubs)** – Working towards a shared vision of family help where families can get the help they need from the right places and people in their communities including health professionals.

- **Education outcomes** – with particular focus on tackling the issues that impact on school attendance/absence.

- **Mental health & wellbeing** – Responding to the rise in the number of children & young people being referred to CAMHs through a focus on earlier support and preventing escalation in the community whilst also having the right pathways in place for those in crisis. Also responding appropriately to #Beewell as an important piece of insight into the wellbeing of GM children.

- **Care for / care experienced young people** – Understanding and responding to the specific health needs of this important group of young people recognising including those placed in specialist residential care units.

- **Children and young people with SEND** – Work together to improve the experience of children & young people with SEND (and their carers) through common standards, joint commissioning and a commitment to addressing inconstancies in the offer across GM.

- **Adolescents** – As part of our ambition to improve the way we work with Adolescents in GM including the implementation of a GM Adolescent Safeguarding Framework ensure that we understand and respond to any specific health requirements of this group of young people including those that are vulnerable to exploitation.

- **Children & Young people in the criminal justice system** – responding to the health needs of young offenders and that many of these young people have unidentified needs until they enter the youth justice system.

- **Domestic Abuse** – recognising the significant impact domestic abuse has on the lives of children & young people and the need for a cross sector response to tackling this issues in our communities.

- **Speech, Language and Communications** – Responding to emerging evidence of delayed early language development in under 5s early years due to the impact of children missing out on early education and normal social interactions during Covid-19 in addition to challenges around workforce lacking expertise / training / capacity to support children of all ages plus long waiting lists and increased demand for SLT.

- **Workforce** – There is a growing disparity and sense of urgency to support and improve access to services by developing an appropriate workforce. We must therefore look at how we tackle common challenges across the children's workforce including recruitment and retention in addition to training around core competencies. Continued focus on Trauma responsive workforce across the services working with all children and families and across the life course.

7.0 A Set of Shared Outcome Measures

7.1 To support a shared focus on the above proposed priorities, the importance of developing a suite of relevant outcomes measures at the system level is recognised. The work to develop a suitable suite of progress measures is underway and will build on the foundations we already have in place from other established frameworks.

7.2 An exercise will be taken forward to triangulate (e.g.) the existing GMS outcomes framework; nationally-recognised frameworks such as the RCPCH State of Child Health framework of measures; discussions at programme level including around social care and education outcome measures alongside other NHS frameworks (including Core20Plus 5 children and young people). The Appendix provides details on the RCPCH framework, for information and

reference. Alongside any consideration of quantitative metrics, more qualitative elements will be considered, reflecting the commitment already established between partners to ensure child, parent and practitioner voice is reflected in any whole-system framework.

8.0 Speaking with One Voice

8.1 Our commitment to making in children & young people a priority in the evolving Integrated Care System must be matched by an ambition to elevate the voice of GM children, young people and families with central government so that there is clarity around the issues that affect their health outcomes and what Government can do to help us respond to their needs.

8.2 Through our work to date Greater Manchester is well positioned to respond to some of the big policy shifts nationally whether as a pathfinder for the recommendations from the review of children's social care or in our contributions to the NHS long term plan. A commitment to strengthen our ambition and take appropriate next steps in moving to a more integrated approach to improving outcomes for children & young people can only serve to stand us in good stead in our lobbying and positioning with central government.

9.0 Conclusion

9.1 Whilst there is work still to do to finalise the governance and programme delivery arrangements an endorsement of an agreed set of priorities and a set of shared commitments for how we work together as system within the context of the new GM Integrated Care System can take us a long way towards strengthening our integrated response to improving health outcomes for GM Children & young people. GM ICP and GMCA are asked to recognise and endorse these in that we can progress to the next phase of the work required.

Appendix 1 - State of Child Health indicators (Royal College of Paediatrics and Child Health)

The RCPCH State of Child Health report includes framework measures comprising indicators framed around a number of headline domains. Taken together, they are intended to provide a suite of metrics to judge partnership progress in:

- ending child health inequalities;
- developing a robust and well-resourced system to deliver public health, health promotion and early intervention; and
- enhancing health services for infants, children and young people

The GM ICS may consider the indicators, listed in full below as a helpful starting point for GM partners debating and agreeing a shorter, cross-cutting list of indicators owned collectively within the single CYP plan from a whole system perspective.

Mortality

- **Infant mortality rate** per 1,000 live births
- **Child mortality** rates per 1,000 children aged 1-9
- **Adolescent mortality** rate per 100,000 children age 10-19

Maternal and perinatal

- **Smoking during pregnancy** - % at time of delivery
- **Breastfeeding** - % exclusively breastfeeding

Prevention of ill health

- **Immunisations** – 5-in-1 vaccination coverage at 12 months
- **Immunisations** - % of MMR vaccination coverage (second dose) at 5 years
- **Healthy weight -** % of 4-5 year olds overweight or obese
- **Oral health** – rate of tooth extraction due to decay per 1,000 children aged 0-5

Injury prevention

- **Accidental injury** – rate of hospital admission non-intentional injury children 0-4
- **Road traffic accidents** – rate of injuries per 1,000 young people aged 17-19
- **Youth violence** – incidence of injury by sharp object per 100,000 aged 15-19

Health behaviours

- **Young people smoking** - % 15-year-olds regularly smoking
- **Young people drinking** - % 15-year-olds reporting being drunk 2+ times
- **Young people consuming drugs** - % 15-year-olds reporting cannabis use ever
- **Conception in young people** – under 18 conception rate per 100,000 females aged 15-17

Mental health

- **Mental health prevalence** - % of 5-15 year olds reporting any mental health disorder
- **Mental health services** – rate of CAMHS admissions per 100,000 aged 0-18
- **Suicide** – rate per 100,000 young people aged 15-24

Family and social environment

- **Child poverty** - % children aged 0-18 living in relative poverty after housing costs
- **Not in education, employment or training (NEET)** - % of young people aged 16-18 NEET
- **Young carers** – rate of young carers providing any unpaid care per week, per 1,000 young people aged 10-19 years
- **Child protection** – rate of children and young people on either a child protection plan or the child protection register per 100,000 aged 0-18
- **Looked after children (LAC)** – LAC rate per 10,000 children aged 0-18

Long term conditions

- **Asthma** – rate of emergency admission for asthma per 100,000 aged 10-18
- **Epilepsy** - rate of emergency admission for epilepsy per 100,000 aged 10-18

- **Diabetes** – median % HbA1c level of those aged 0-25 with Type 1 diabetes
- **Cancer** – mortality rate per 100,000 children aged 5-14
- **Disability and additional learning needs** - % of pupils in mainstream education SEND

Child health workforce

- **Workforce** – rate of paediatric consultants per 10,000 aged 0-18