

GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP BOARD

DATE: Friday, 24th March, 2023

TIME: 1.00 pm

VENUE: Bolton Town Hall, Victoria Square, Bolton, BL1 1RU

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 10 February 2023** 5 - 10
To consider the approval of the minutes of the meeting held on 10 February 2023.

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|---------------|-------------------|-----------------|------------------|-----------------|
| 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. **NHS Greater Manchester Integrated Care Partnership Strategy - to follow**

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

6. **Greater Manchester Moving and Health Integration** 11 - 20

Report of Tom Stannard, Chief Executive for Salford City Council
/ Chair GM Moving Executive Group

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, 16 March 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 24 March 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 |
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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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Agenda Item 4

**GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP BOARD
MINUTES OF A MEETING HELD ON FRIDAY 10 FEBRUARY 2023 IN THE COUNCIL
CHAMBER, SALFORD CIVIC CENTRE**

PRESENT:

| | |
|-------------------------------|-----------------------------------|
| City Mayor Paul Dennett | Salford Council (Chair) |
| Sir Richard Leese | NHS GM Integrated Care (NHS GMIC) |
| GM Mayor Andy Burnham | Greater Manchester Mayor |
| Councillor Tom Robinson | Manchester City Council |
| Councillor Barbara Brownridge | Oldham Council |
| Councillor Daalat Ali | Rochdale Borough Council |
| Councillor Keith Holloway | Stockport MBC |
| Councillor Jane Slater | Trafford Council |
| Councillor Keith Cunliffe | Wigan Council |

OFFICERS IN ATTENDANCE:

| | |
|----------------------|--|
| Mark Fisher | Chief Executive, NHS GMIC |
| Warren Heppolette | Chief Officer, Strategy & Innovation, NHS GMIC |
| Claire Norman | Director of Communications, NHS GMIC |
| Tom Hinchcliffe | Deputy Place Lead, Manchester, NHS GMIC |
| Katrina Stephens | Director of Public Health, Oldham Council |
| Caroline Simpson | Chief Executive, Stockport MBC |
| Lynne Stafford | GM VCSE Leadership Representative |
| Evelyn Asante-Mensah | Provider Federation Representative |
| Luvjit Kandula | Chair, Community Pharmacy Board |
| Alison Page | Salford CVS |
| Michelle England | UNISON |
| Tim Dalton | GP Board Representative |
| Eamonn Boylan | Chief Executive, GMCA |
| Andrew Lightfoot | Deputy Chief Executive, GMCA |
| Steve Wilson | City Treasurer, GMCA |
| Elaine Mottershead | Senior Governance & Scrutiny Officer, GMCA |

ICPB/01/23

WELCOME AND APOLOGIES

Apologies were received and noted from:

Councillor Andrew Morgan (Bolton)

Councillor Bev Craig (Manchester)

Councillor Ged Cooney (Tameside)

Councillor Eleanor Wills (Tameside)

Councillor David Molyneux (Wigan)

Joanne Roney (Manchester City Council)

Kathy Cowell (NHS Manchester University Foundation Trust)

Stephanie Butterworth (NHS GMIC)

James Bull (UNISON)

Noel Sharpe (Bolton at Home)

Don McGrath (Chair of Dental Board)

Tracey Vell (GP Board Chair)

ICPB/02/23

CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS

There were no Chair's announcements or items of urgent business.

ICPB/03/23

DECLARATIONS OF INTEREST

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

ICPB/04/23

**MINUTES OF THE MEETING OF THE INTEGRATED PARTNERSHIP
BOARD HELD ON 28 OCTOBER 2022**

The minutes of the previous meeting were considered and approved as a correct record with the acknowledgement of one addition to the attendance list.

RESOLVED/-

That the minutes of the meeting held on 28 October 2022 be approved with the addition of Luvjit Kandula, representing the Community Pharmacy Board, to the attendance list.

Warren Heppolette presented a summary of the latest version of the strategy following recent workshops and stakeholder engagement. There were four key points of the presentation to note:

1. The introduction and description of the new Integrated Care System which included a statement of shared outcomes and shared commitments.
2. Key influences on the strategy with evidence of evaluation.
3. The substantive element of the strategy which detailed how it would work in practice, based on the model of health created over many years. The emphasis of the model was the requirement for place-based working and the opportunities and innovation afforded by the additional leverage of the Greater Manchester region.

Six missions had been established to meet the challenges identified in the strategy:

1. The recovery of core NHS and care services
2. Strengthening our communities
3. Increasing prosperity
4. Prevention and early detection
5. Supporting our workforce and carers
6. Achieving financial sustainability

The next steps for the strategy were outlined which included the translation of the framework into a formal written document and continued stakeholder engagement, with finalisation by this Committee on 24 March 2023. The formal submission to NHS England was scheduled for 31 March 2023.

Comments and questions:

- A member commented that the inclusion of equality and diversity and tackling health inequalities was missing as an obvious thread. They also noted that the reference to the “deep relationship” between the Voluntary, Community and Social enterprise (VCSE) sector was not apparent until a late point in the strategy. A further request was made to change the description of “carers” to “unwaged carers”.

- The need to monitor the performance of the strategy was noted. It was suggested that it should be a standard agenda item for future Committee meetings.
- A member commented that the impact of Covid was not highlighted sufficiently at present and there was concern that the effects on school children had been underestimated. This was noted for further consideration.
- It was noted that the approach of “social first” in the model for health was a radical shift to be confirmed in the strategy.
- There was a discussion about the Real Living Wage and the Employment Charter. The recent bus franchising procurement process highlighted good practice as two winning bids became members of the Good Employment Charter. It was agreed that there could be lessons-learned from that approach and opportunities for future procurement exercises connected with the strategy.
- It was noted that there were some good examples of work already from across the region. Members were invited to suggest case studies to animate the strategy further.
- A member queried the stakeholder engagement across the region and it was stated that the full strategy would provide this in more detail.
- A member commented that the strategy should highlight the impact of services currently absorbing work that would otherwise be part of social care.
- There was concern that the historical under-investment in mental health and links to autism and learning disabilities were not explicit enough. Assurance was given that this was addressed in the full strategy.

RESOLVED/-

1. That the next steps outlined in the presentation be noted:
 - a. Continue the process of engagement over the next few weeks.
 - b. Build in the feedback from health and care staff.
 - c. Accelerate the development of delivery plans through the Joint Forward Plan and 2023/4 Operational Plan.
 - d. Seek approval for the ICP Strategy from this Board on 24 March 2023.
2. That the feedback given today by Board Members be noted and used to shape the strategy further.

3. That Board members forward case study examples to Warren Heppolette for inclusion in the Strategy.
4. That “Integrated Care Strategy Progress Report” be a standing item for future meetings to monitor progress.

**ICPB/06/23 AN INTEGRATED APPROACH TO DELIVERING OUR AMBITION
FOR CHILDREN**

Caroline Simpson presented the report which detailed integration and partnership working to improve health outcomes for children and young people in Greater Manchester. The report contained some statistical information on the region’s population of children and young people and the challenges that they faced including poverty, the impact of the pandemic, and financial pressures for families. Some of the good projects to support children and young people were highlighted as a solid foundation on which to build future opportunities and improvements. The Committee was asked to consider strengthening the governance arrangements of the GM Children’s Board which would report to this Committee and the GMCA and would act as a “systems board” to deliver the wide range of priorities set out in the paper. It was recognised that it should also link closely with the Integrated Care Strategy.

Comments and questions:

- The paper was welcomed by members and they recognised the importance of prioritising children and young people. They also welcomed the suggestion to build on the foundation of other programmes where possible.
- It was suggested that the indicators in Appendix 1 did not fully capture the breadth and intention of the report.
- During the discussion with Members, there were examples given of current challenges such as declining phonics tests, increased dental cavities, increased respiratory illnesses, the concerns around school readiness, children and young people with special needs, difficulties in the transition between primary and secondary school, and substance misuse.

- It was noted that some of the challenges discussed, for example, the pandemic, could have repercussions for years to come because of its effects on the first crucial 1000 days of life. It brought specific health inequalities and challenges to groups of children born during that time. However, it was agreed that the pandemic could not be the sole focus as many other elements would have had an impact.
- A member welcomed the idea of co-production in this area of work with the children and young people. The Voluntary, Community and Social Enterprise (VCSE) sector had strong links with young adult carers up to the age of 25 and could link into opportunities for their involvement.

RESOLVED/-

1. That the foundations for an integrated approach to improving health outcomes for GM children & young people be noted.
2. That the recommendations for strengthening governance arrangements in section 4 of the paper be noted.
3. That 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 be endorsed.
4. That the set of priorities identified in section 6 of the paper be endorsed and the ambitions to develop a set of measures that will enable us to assess progress as a GM system be noted.
5. That the feedback from Board members is considered for a future draft of the report.
6. That the submission of the report to a future meeting of the GMCA be recommended.

ICPB/07/23 DATE OF NEXT MEETING

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

NHS Greater Manchester Integrated Care Partnership Board

Date: Friday 24 March 2023

Subject: Greater Manchester (GM) Moving and Health Integration

Report of: Tom Stannard, Chief Executive for Salford City Council /
Chair GM Moving Executive Group

Purpose of Report

To provide an update on GM Moving as a key and successful transformative GM movement and confirm the contribution of the [GM Moving in Action strategy](#) to the new Integrated Care Partnership (ICP) strategy and the GM Manchester Strategy.

The report and presentation will show how the GM Moving approach works and creates the conditions for population scale impact. It will also provide an example of how the strategic leadership of the ICP can enable collective and distributed leadership, as we deliver on our strategy's two core themes:

1. Continuing our journey towards a radical model of health and care.
2. Achieving the six missions within the strategy.

It will:

- Reflect on how moving matters to the ICP strategy outcomes and missions.
- Share the latest trends on our shared GM Moving mission: Active Lives for All.
- Reflect on findings from the evaluation of GM Moving and health integration and consider what will make further change in this context.
- Share the priorities for the next phase and the pragmatic support required for system integration to contribute to 1 and 2 above.

- Engage the Board with **two questions** to support the next phase:
 - How can Locality Boards help to enable Active Lives for All in every locality and neighbourhood?
 - How can we create the conditions for movement, physical activity, and sport to be embedded across our health and care system?

Recommendations:

The Integrated Care Partnership Board is asked to:

1. Agree the priorities for the next 3-5 years of GM Moving and Health Integration.
2. Reflect on the questions posed above and contribute to the discussion at the Board meeting.

Contact Officers

Hayley Lever, Exec Lead GM Moving & CEO, GreaterSport, hayley@gmmoving.co.uk

Beth Sutcliffe, Strategic Director, Health & Operations, GreaterSport beth@gmmoving.co.uk

1. Introduction/Background

1.1 The health integration journey so far

GM Moving is a 'movement for movement' and a collective strategy with the shared mission of enabling Active Lives for All. People across GM are aligned behind the knowledge and belief that:

- Moving matters to us all
- We need to design movement back into our lives
- We all have a role to play

Since health and care devolution in 2017, work has been taking place at GM, locality, and neighbourhood spatial levels to support the integration of physical activity into health, and to ensure active lives contributes to our work to address health inequalities across GM. This work has been locally led and supported by a range of investments, programmes, and co-ordinated work at the GM and national levels to create the conditions for integration and population level change.

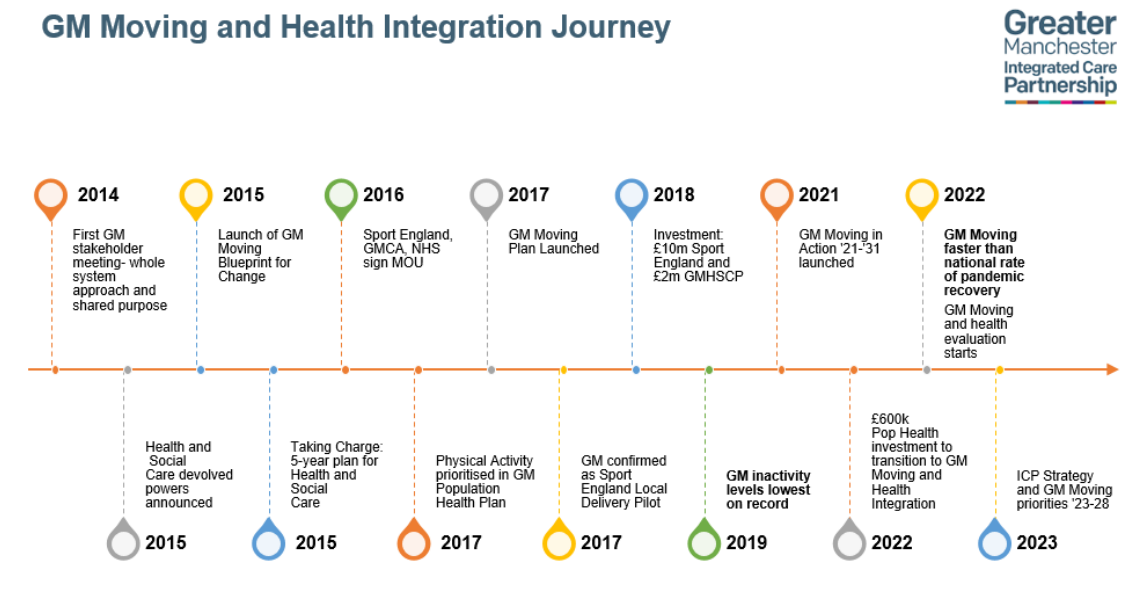


Figure 1: GM Moving and Health Integration Journey: timeline.

1.2 Progress

The two graphs below show [Active Lives](#) inactivity data for GM since 2015/16. In GM we have seen good progress. Pre-pandemic we were seeing decreases in inactivity levels for both adults (Figure 2) and children and young people (Figure 3). The graphs also show a significant negative impact of the pandemic, but now offer a sense of hope in the form of a faster than national rate (white line) of recovery in activity levels for adults and children and young people.

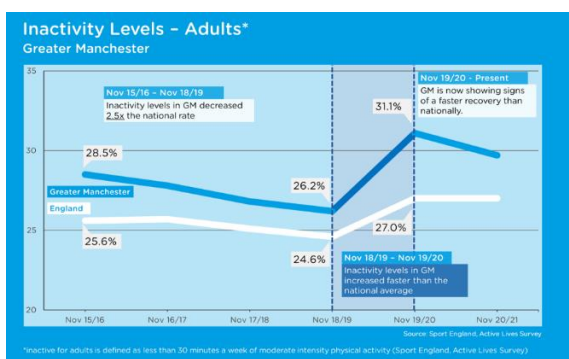


Figure 2. Inactivity Levels for Adults in GM Nov 15-21

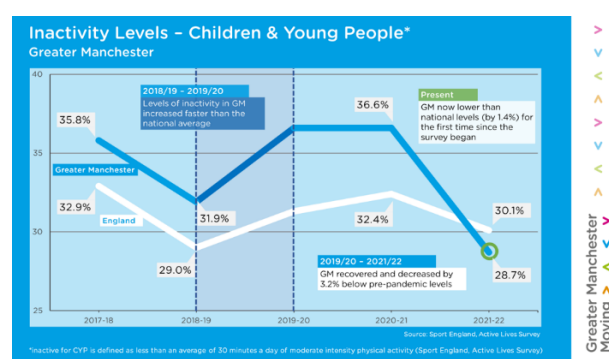


Figure 3. Inactivity Levels for Children & Young People in GM Nov 15-21

Despite a sense of optimism for recovery, stark inequalities remain and grew during the pandemic. For example, people with long-term health conditions, those from socio economic groups, and those 75+ remain the least active groups (Figure 4 & 5). These require our continued and collective efforts to address as we implement the ICP strategy together.

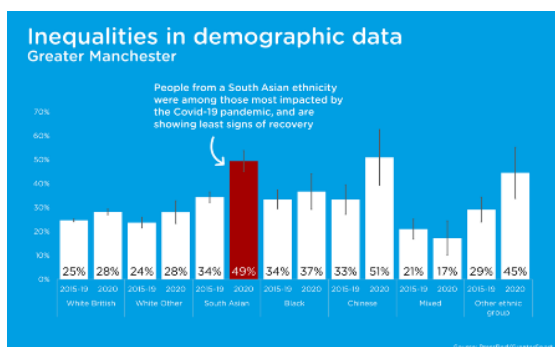


Figure 4. Inactivity levels in GM by demographic 2015-20

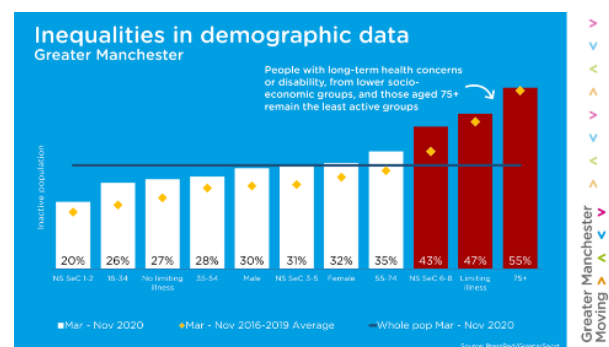


Figure 5. Inactivity levels in GM by demographic (2) 2015-20

Movement, physical activity, and sport also have a critical role to play in reducing health inequalities, contributing to the NHS approach to reducing healthcare inequalities (CORE20 PLUS5).

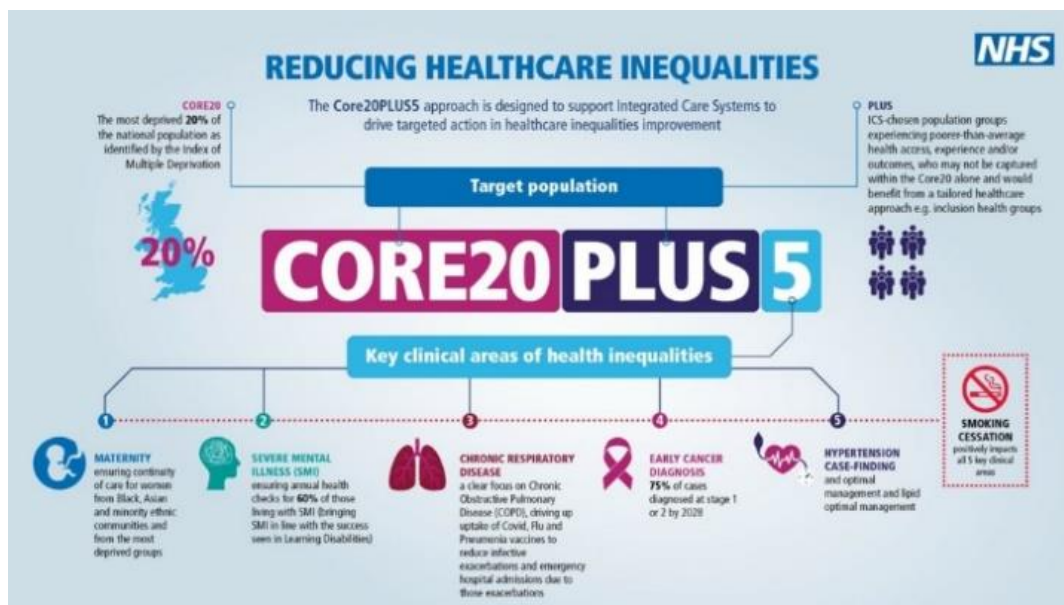


Figure 6. CORE20PLUS5 Infographic.

There are many brilliant examples across GM of approaches demonstrating the impact of increased physical activity on the lives of those least likely to be active and the ways of working and conditions needed to enable that to happen. For example:

- [The Together Fund](#) supporting the communities hardest hit by the coronavirus pandemic access opportunities to be physically active.
- [The Prehab4Cancer and Recovery programme](#). Free exercise, nutrition, and wellbeing programme, helping people with a recent diagnosis of cancer prepare for and cope better with their treatment.

1.3 Why moving matters: reducing health inequalities as we build back fairer

The inequalities in Active Lives data mirror the wider socio-economic inequalities that we see across places and demographic groups in the city-region. It is vital that we work together to address both. We are designed to move and moving more matters to us all. Evidence shows the value of physical activity to society across a wide range of social outcomes.

Why moving matters



Figure 7. Why Moving Matters (GM Moving in Action 2021-31).

2. Evaluation and Learning

In Autumn 2022, work began to develop a Forward Plan for GM Moving, ensuring it played its part in the emerging ICP strategy. These two plans have been developed alongside each other, using data, evidence, and insight from local, GM, and national sources.

2.1 Learning from the journey so far

The process evaluation was designed to capture the journey and learning so far and help to shape the Forward Plan. The evaluation methodology, including desk research, in-depth interviews, stakeholder engagement and workshops, have enabled the learning from the journey so far to be brought together to inform the 'what' and the 'how' of the GM Moving and Health Integration Forward Plan. This builds upon existing evaluations such as the GM Moving & Local Pilot Evaluation since 2018.

Developing a sophisticated approach to evaluation and learning includes new ways to codify, operationalise and measure change in a complex system, including the following five key indicators: strategic enabling collective leadership, effective work across and between sectors, involvement of local people and growing assets, transforming governance and processes, and learning and adapting.

3. Forward Plan

3.1. Purpose

Our shared purpose is to ensure that active lives for all create the conditions for good lives for all, through a universal and targeted approach to tackle inequalities in inactivity. GM Moving can support in every part of the model for health shown below, and the forward plan will create the conditions to ensure that it does.

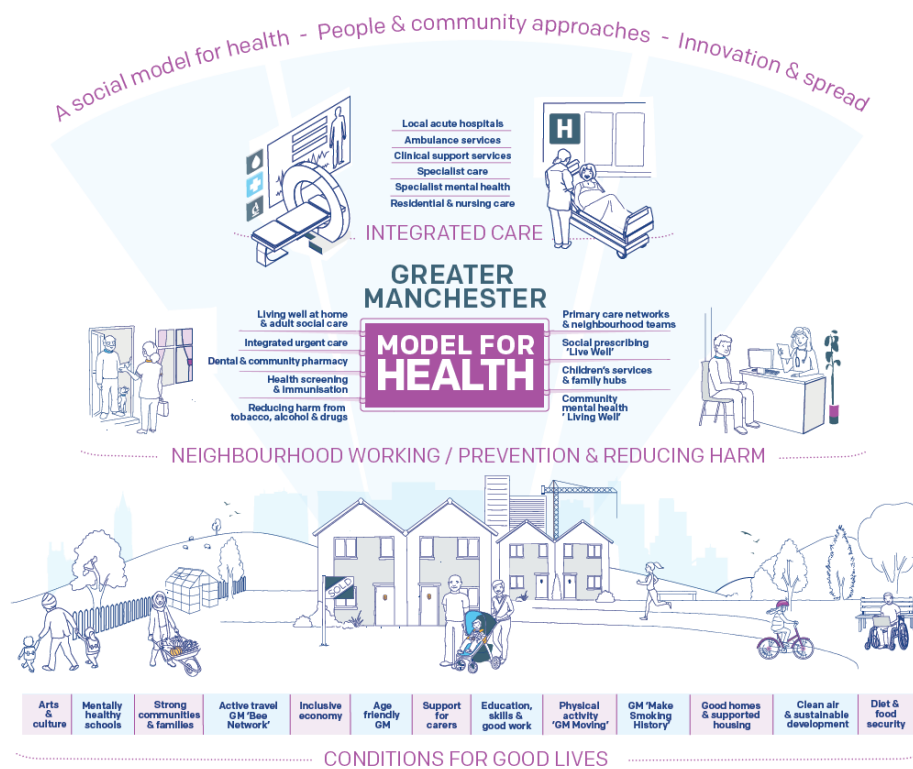


Figure 8. Greater Manchester Model for Health

3.2. Priorities and pragmatic support to system integration

The evaluation and engagement process identified the key challenges and needs where GM Moving can support the missions of the ICP strategy and the target population and clinical

areas requiring accelerated improvement (CORE20PLUS5). These are outlined below and will be the focus of our collective efforts in this area, in the next three to five years:

1. While You Wait
2. Deconditioning and Falls Prevention
3. Mental Health and Wellbeing
4. Health inequalities and SEND
5. Live Well
6. Health and Care Workforce Wellbeing
7. Priority Clinical pathways (Respiratory, CVD and Cancer)
8. Healthy Active Places

The challenges of health inequalities can only be addressed with a focus on the missions for action in each neighbourhood, in all ten localities and across the whole of GM. The way we work together on GM Moving will also contribute to the ICS missions to:

1. Strengthen our communities
2. Help people get into, and stay in, good employment
3. Support the recovery of core NHS and care services
4. Help people stay well and detect illness earlier
5. Support our workforce and our carers
6. Achieve financial sustainability

All these missions are underpinned by the need to ensuring equitable opportunity and service provision across the whole of GM.

The pragmatic support to system integration outlined below will help to put this plan into action.

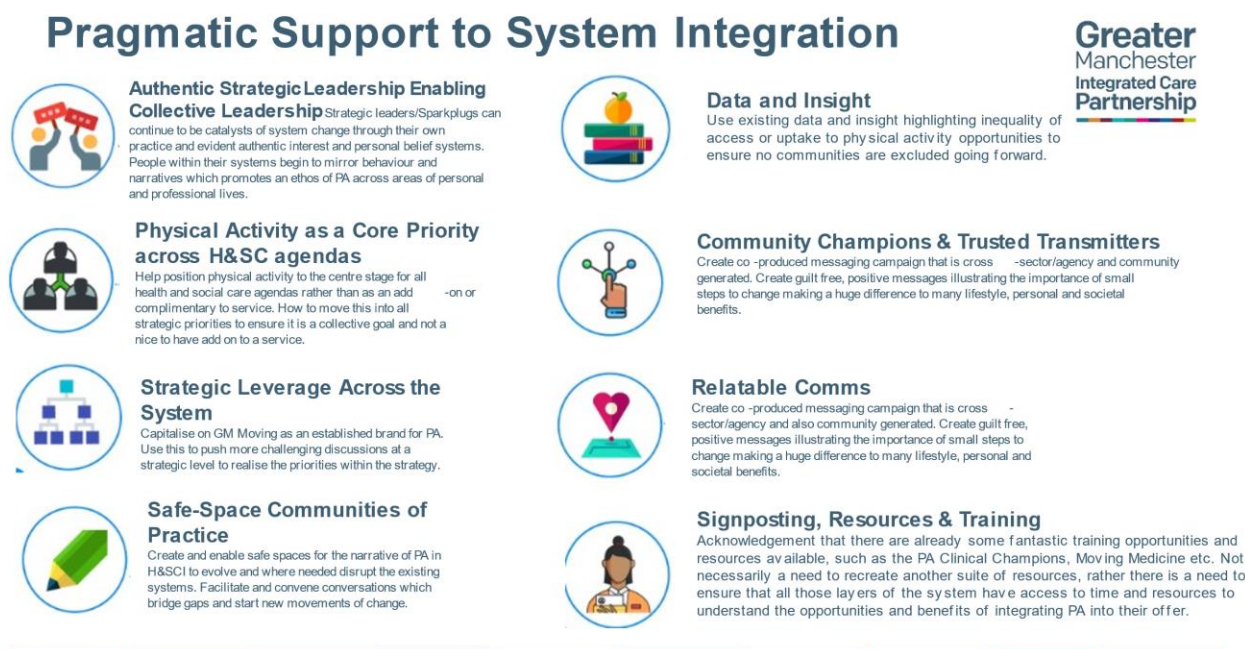


Figure 9. Pragmatic Support to System Integration.

3.3. Leadership capacity and investment

To deliver on the plan, priorities and support outlined above, there is a need to harness and grow belief and agency across the system at every level in every place. There is also a need to provide clarity about what needs to change and how. Authentic strategic leadership that enables collective and distributed leadership is needed, as we work together to support culture change, system change and behaviour change. Supporting locality leadership and action through locality boards in each place will be key.

There is an opportunity and need to align our people, investment, and resources across health, local government, community and voluntary sector organisations towards health creation and active lives for all in every neighbourhood. Pragmatic support to place-based leads as they drive integration and population health with those volunteering and working locally is vital.

Evidence shows that lasting change happens through networks of people in every community, every place, every part of the health and care system who believe that moving matters and have a sense of agency and influence in supporting active lives through their voluntary and paid work, their community leadership, and their support to family, friends, and colleagues.

To achieve our shared goals and tackle health inequalities through physical activity, we need to:

- Retain our current focus on the importance of active lives for all in every locality across GM as part of the ICP strategy in action.
- Continue to develop whole system approaches to physical activity at GM, locality, and neighbourhood layers and work collectively to shift national enablers for change.
- Continue to invest in the strategic leadership and pragmatic system support that will deliver on the identified priorities, alongside Sport England and other key co-investment partners.

Together we can create the conditions to design movement into health and care.