

NHS GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP BOARD

DATE: Friday, 27th September, 2024

TIME: 1.15 pm

VENUE: Banqueting Room, Leigh Sports Village, Leigh
Stadium, Sale Way, Leigh, WN7 4JY

AGENDA

1. Welcome and apologies

Annual General Meeting

2. Appointment of Chair

Members are asked to note that the GM Portfolio Lead for Healthy Lives and the Chair of NHS GM Integrated Care are joint chairs of the Integrated Care Partnership Board as per the terms of reference.

3. ICPB Membership

To note the membership of the Integrated Care Partnership Board.

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.

Sir Richard Leese	Chair of NHS GM Integrated Care
Andy Burnham	GMCA - GM Mayor
Mark Fisher CBE	Chief Executive of NHS GM Integrated Care
Sean Fielding	Bolton
Tamoor Tariq	Bury
Bev Craig	Manchester
Barbara Brownridge	Oldham
Daalat Ali	Rochdale
John Merry	Salford
Mark Hunter	Stockport
Ged Cooney	Tameside
Jane Slater	Trafford
Keith Cunliffe	Wigan
Jackie Schofield	Bolton substitute
Eamonn O'Brien	Bury substitute
Thomas Robinson	Manchester substitute
Marie Bashforth	Oldham substitute
Faisal Rana	Rochdale substitute
Mishal Saeed	Salford substitute
Mark Roberts	Stockport substitute
Eleanor Wills	Tameside substitute
Tom Ross	Trafford substitute
David Molyneux	Wigan substitute
Caroline Simpson	GMCA - GMCA Chief Executive
Alison McKenzie Folan	Local Authorities Health Lead, CE Wigan Council
Debbie Watson	Director of Public Health – Director of Public Health, Tameside
Stephanie Butterworth	DASS – Director of Adult Social Services, NHS GM Integrated Care
Kathy Cowell	Provider Federation – Chair of Provider

	Trust, Manchester University NHS Foundation Trust
Evelyn Asante-Mensah	Provider Federation – Chair Pennine Care NHS Foundation Trust
Janet Castrogiovanni	Primary Care – Managing Director GM Primary Care Provider Trust
Luvjit Kandula	Primary Care – Director of Pharmacy Transformation, GM Primary Care Provider Board
Don McGrath	Primary Care – GM Health and Social Care (Dentistry)
Tracey Vell	Primary Care – Medical Director, Health Innovation Manchester
Professor Mark Britnell	Health Innovation Manchester – Chair Health Innovation Manchester
Heather Fairfield	GM Healthwatch – Chair GM Healthwatch
James Bull	Trade Union – UNISON Regional Organiser
Noel Sharpe	Housing – Group Chief Executive, Bolton at Home
Ben Whalley	VCSE – Deputy Chief Executive, Gaddum
Edna Robinson	VCSE – Member of the GM VCFSE Leaders Group

4. Members Code of Conduct and Annual Declaration Form

To remind Local Authority representatives of their obligations under the GMCA Member’s Code of Conduct and to request Local Authority Members complete an annual declaration of interest form, which will be published on the GMCA website.

5. ICPB Terms of Reference

1 - 8

To note the Board’s Terms of Reference.

Ordinary Business

- 6. Chair's Announcements and Urgent Business**
- 7. Declarations of Interest** 9 - 12
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.
- 8. Minutes of the meeting of the Integrated Care Partnership Board held on 31 May 2024** 13 - 16
To consider the approval of the minutes of the meeting held on 31 May 2024
- 9. Prevention, Health and Good Growth** 17 - 28
Report of Warren Heppolette, Chief Officer, Strategy and Innovation, NHS Greater Manchester.
- 10. Live Well** 29 - 48
Presentation by Jane Forrest, Director Public Service Reform, GMCA.
- 11. GM Moving Revised MoU and Progress Update** 49 - 94
Report of the Co Chair of GM ICPB and Tom Stannard, Chief Executive for Salford City Council and Chair of GM Moving Partnership Group.

12. Health Innovation Manchester - Three-year Strategy and 2023/24 Annual Impact Report 95 - 114

Report of Ben Bridgewater, Chief Executive Officer, Health Innovation Manchester

13. Date and time of next meeting

1.00pm on Friday 29 November 2024

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: Edward Flanagan, Senior Governance & Scrutiny Officer
✉ edward.flanagan@greatermanchester-ca.gov.uk

This agenda was issued on Thursday, 19 September 2024
on behalf of Julie Connor, Secretary to the Greater Manchester Combined Authority,
Churchgate House, 56 Oxford Street, Manchester M1 6EU

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<p>Portfolio</p>	<p>Healthy Lives</p>
<p>Function/Purpose</p>	<p>The NHS Greater Manchester Integrated Care Partnership Board is a joint committee created by the ten Greater Manchester local authorities and the Greater Manchester Integrated Care Board under s.116ZA of the Local Government and Public Involvement in Health Act 2007.</p> <p>The Department for Health set out five expectations of an ICPB¹:</p> <ol style="list-style-type: none"> 1. ICPBs will drive the direction and policies of the Integrated Care System 2. ICPBs will be rooted in the needs of people, communities and places 3. ICPBs create a space to develop and oversee population health strategies to improve health outcomes and experiences 4. ICPBs will support integrated approaches and subsidiarity 5. ICPBs should take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights and develop plans.

¹ [Integrated care partnership \(ICP\) engagement document: integrated care system \(ICS\) implementation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/622222/integrated-care-partnership-icp-engagement-document-integrated-care-system-ics-implementation-2021.pdf)

	<p>The ICPB has an important role within an Integrated Care System to facilitate joint action to improve health and care outcomes and experiences across the population.</p> <p>The main statutory function of an ICPB is to develop an Integrated Care Strategy to address the health, social care and public health needs of the local area.</p>
<p>Delegations</p>	<p>The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007 and requires ICPBs to write an integrated care strategy to set out how the assessed needs (from the joint strategic needs assessments) can be met through the exercise of the functions of the integrated care board (ICB), responsible local authorities or NHS England (NHSE). These statutory requirements as set out in the Guidance on the preparation of integrated care strategies - GOV.UK (www.gov.uk)</p> <p>In preparing the integrated care strategy, the ICPB must, in particular, consider whether the needs could be more effectively met with an arrangement under section 75 of the NHS Act 2006.</p> <p>The ICPB may include a statement on better integration of health or social care services with 'health-related' services in the integrated care strategy.</p>

	<p>The ICPB must have regard to the NHS mandate in preparing the integrated care strategy.</p> <p>The ICPB must involve in the preparation of the integrated care strategy: local Healthwatch organisations whose areas coincide with or fall wholly or partly within the ICS's area; and people who live and work in the area.</p> <p>The ICPB must publish the integrated care strategy and give a copy to each responsible local authority and each ICB that is a partner to one of those local authorities.</p> <p>ICPBs must consider revising the integrated care strategy whenever they receive a joint strategic needs assessment.</p>
Accountability	Scrutiny <p>The ICPB is subject to local government Health Scrutiny arrangements, through the GM Joint Health Scrutiny Committee and at a place level where appropriate.</p>

	<p>Health and Well Being Boards</p> <p>All Health and Wellbeing Boards in an area will be involved in the preparation of the ICPB Strategy. ICPBs need to ensure that there are mechanisms in place to ensure collective input into their strategic priorities. Guidance also states that ICPBs will need to be aware of the work already undertaken at Place and build upon it. They should not override or replace existing place-based plans.</p>
<p>Statutory/Decision Making/Informal</p>	<p>Statutory</p>
<p>Membership</p>	<p>The membership of the Board shall be</p> <ul style="list-style-type: none"> • one member appointed by the Integrated Care Board • one member appointed by each of the responsible local authorities • any members appointed by the Integrated Care Partnership Board (as below) • One member of the GMCA – Portfolio Lead for Healthy Lives • One Local Authority Chief Executive – Portfolio Chief Executive for Healthy Lives • CEO NHS GM Integrated Care • GM Mayor

- Group Chief Executive, GMCA
- At least one Healthwatch rep
- One Director of Public Health (LA) as nominated by Directors of Public Health
- One Director Adult Social Services (LA) as nominated by Directors of Adult Social Services
- One Director of Children's Services (LA) as nominated by Directors of Children's Services
- Two Provider Federation representatives: one mental health, one physical health as nominated by Provider Federation Board
- Four Primary Care representatives, one from each discipline
- Health Innovation Manchester representative
- One Trade Union representative
- Two VCFSE representative
- One housing representative as nominated by GM Social Housing Providers
- One Work and Skills representative.

The Constituent Authorities and the GMCA shall also each nominate a substitute executive member/assistant portfolio holder to attend and vote in their stead.

	Organisations may change their nominee at their discretion. Additional members will need to be formally appointed by the GM ICPB itself.
Appointment of Chair (and Vice Chair)	The ICPB shall be jointly chaired by the GM Portfolio Lead for Healthy Lives and the Chair of NHS GM Integrated Care.
Quoracy	The quorum shall be a third of the members appointed by the responsible local authorities and the ICB appointee (or their designated substitutes).
Voting	Each member shall have one vote. The Chair shall not have a casting vote. Unless required by law, decisions shall be made by a simple majority.
Meeting arrangements	The ICPB shall meet three or more times a year. In relation to the management of meetings including rights of access to information, including the publication/availability of agendas, reports, background documents and minutes, and public attendance at meetings, the

	ICPB shall apply rules equivalent to those applying to local authority committees under Part VA of the Local Government Act 1972. Such rights of access to information may be limited where the ICPB considers “confidential information” or “exempt information”, in a manner equivalent to that provided for by the 1972 Act.
Lead contact	Ed Flangan Senior Governance and Scrutiny Officer, GMCA
Date TOR were approved	28 October 2022

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NHS Greater Manchester Integrated Care Partnership Board – 27th September 2024

Declaration of Councillors’ Interests in Items Appearing on the Agenda

Name of Councillor.....

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:

You may remain in the room and speak and vote on the matter

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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**MINUTES OF THE MEETING OF THE
NHS GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP BOARD
HELD ON 31 MAY 2024 AT GUARDSMAN TONY DOWNES HOUSE, DROYLSDEN**

PRESENT

Sir Richard Leese	NHS GM Integrated Care (Chair)
Councillor Sean Fielding	Bolton Council
Councillor Thomas Robinson	Manchester City Council
Councillor Barbara Brownridge	Oldham Council
Councillor Keith Holloway	Stockport Council
Councillor Daalat Ali	Rochdale Council
Councillor John Merry	Salford City Council
Councillor Jane Slater	Trafford Council
Luvjit Kandula	NHS GM Integrated Care
Eamonn Boylan	GMCA
Ed Flanagan	GMCA
Steve Wilson	GMCA
Stephanie Butterworth	Tameside Council
Councillor Keith Cunliffe	Wigan Council
Councillor Tamoor Tariq	Healthwatch
Janet Castrogiovanni	GM Primary Care Provider Board
Janet Wilkinson	NHS GM Integrated Care
Louise Hayes	NHS GM Integrated Care
Tom Hinchcliffe	NHS GM (Manchester locality)
Evelyn Asantemensah	Pennine Care NHS Foundation Trust
James Bull	UNISON

ICPB/09/24 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting.

RESOLVED /-

That apologies be received and noted from Mayor Paul Dennett, Alison McKenzie-Folan, Mark Fisher, Professor Manisha Kumar, Cllr Eleanor Wills and Debbie Watson

ICPB/10/24 DECLARATIONS OF INTEREST

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

ICPB/11/24 MINUTES OF THE PREVIOUS MEETING HELD ON 22 MARCH 2024

RESOLVED /-

That the minutes of the meeting held on 22 March 2024 be approved as a correct record with the additional of apologies received from Councillor Thomas Robinson.

ICPB/12/24 APPOINTMENT OF A NEW VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE (VCSE) SECTOR REP TO THE ICPB

The Board received a verbal update from the Chair seeking approval of the appointment of Edna Robinson to the ICPB. It was reported that in line with the ICPB terms of reference, the nomination had been made by the VCSE sector to fill the VCSE board vacancy.

RESOLVED /-

That Edna Robinson be appointed to the ICPB to fill the VCSE vacancy.

ICPB/13/24 NHS GM INTEGRATED CARE STRATEGY UPDATE – SUPPORTING OUR WORKFORCE AND CARERS

The Board received a report on the work taking place across Greater Manchester (GM), at Integrated Care Board, sector and locality level to deliver the fifth mission of the ICP Strategy: Supporting Our Workforce and Carers.

The wide ranging strategy detailed key workforce challenges and strategic risks. Five main priorities were outlined as follows: -

- Workforce integration
- Good employment
- Workforce wellbeing
- Addressing inequalities
- Growing and developing workforce

The report outlined progress on delivering the five priorities along with case studies.

The points raised in the discussion that followed included: -

- The positive impact of the real living wage could not be understated and should be protected. Work was ongoing to ensure that it was adopted across the sector.
- There was real concern about addressing waiting lists if there were future budget cuts.
- Instability in the care market was cited as an issue that needed to be addressed. It was also noted that difficulties in recruiting carers was impacted by the perceived lack of value in the role and poor career progression. A national care service with national pay, terms and conditions was suggested as a possible solution to many of the problems the sector faced. The ambition was to work with providers to make social care a career of choice.

- Concerns were raised that the needs of migrant workers were not being fully met by their sponsors with the potential of a migrants' charter to outline their rights being suggested.
- It was noted that the proposals did recognise the importance of ensuring the voice of unpaid carers would be heard.
- It was suggested that whilst there were many examples of best practice in GM highlighted within the report, more work could be done to adopt such practices across GM.
- It was noted that although there would be a reduction in the total number of posts across NHS GM to reduce the budget deficit, this reduction was less than the current number of vacancies. Therefore overall, there would be an increase in staffing levels.
- It was reported that the sector was working closely with all educational establishments across GM which was essential to achieving the workforce plan.

RESOLVED /-

1. That the scale of work being undertaken to deliver on the workforce mission and progress to date be noted.
2. That the ongoing challenges, several of which are outside GM's control, be noted
3. That members of this Board consider how they can champion the work taking place and support spread and roll out.
4. That the appreciation of the board be passed on to colleagues, noting the scale of the work being undertaken.

ICPB/14/24 DATE AND TIME OF NEXT MEETING

The next meeting would be held at 1:00pm on Friday 26 July 2024.

NHS Greater Manchester Integrated Care Partnership Board

Date: 27th September 2024

Subject: Prevention, Health and Good Growth

Report of: Warren Heppolette – Chief Officer – Strategy and Innovation, NHS
Greater Manchester

PURPOSE OF REPORT:

As an Integrated Care Partnership, working within a Mayoral Combined Authority, Greater Manchester is well-placed to boost economic growth and improve health through a focus on people, prevention and place, particularly in the context of further devolution.

The enclosed document sets out the priority areas on prevention, health and good growth. These were supported at the July Reform Board. The four areas are:

- Prevention First
- Skills, Work and Health
- Advancing Health Innovation
- Capital Investment and Regeneration

At today's Partnership Board we will focus on three key examples of our work as part of these proposals:

- Live Well
- GM Moving
- Health Innovation Manchester's Strategy

RECOMMENDATIONS:

The NHS GM Integrated Care Partnership Board are requested to:

- Note the update provided

Contact officer(s)

Paul Lynch - Director of Strategy and Planning – NHS Greater Manchester

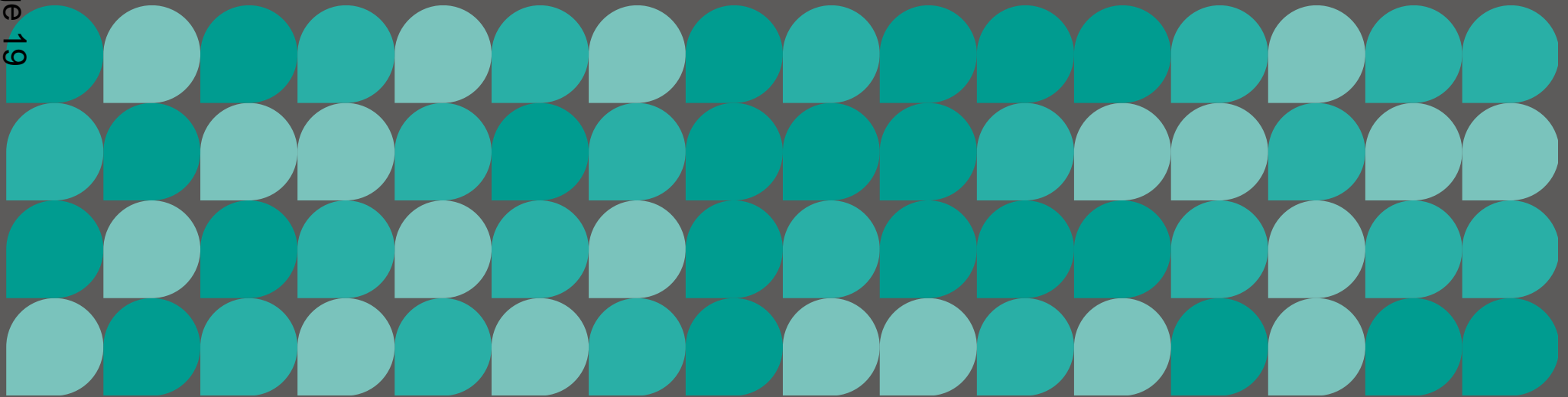
Email: paul.lynch@nhs.net

INTEGRATED CARE PARTNERSHIP BOARD

Prevention, Health and Good Growth

September 2024

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Prevention, Health and Good Growth

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Introduction

The GM system is uniquely placed to boost economic growth and improve health through a focus on people, prevention and place, particularly in the context of further devolution.

We are the largest area in the country where the ICS, Mayoral Combined Authority and other key public services share the same footprint

Shared ambitions with a new government coupled with our capability to deliver impact at scale

Decades of collaboration and a firm commitment to doing things differently for the benefit of the people of GM

System discussion at Reform Board on 26th July – support for 4 key areas

Health, Prevention and Growth – 4 Priority Areas

1

A Prevention First Approach

2

Skills, Work and Health

3

Advancing Health Innovation

4

Capital Investment and Regeneration

Engagement on the Four Priorities – Local and National

**GM's Spending Review
Submission**

**Letter to Secretary of
State for Health and
Social Care**

**Live Well Event on 3rd
October**

**Visits to GM from Senior
Officials in Treasury and
DWP**

**Continuing Engagement
with Government on
Public Services Element
of Integrated Settlement**

**Focus at today's ICPB on
Live Well, GM Moving
and Health Innovation –
reflecting our priorities**

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Health

Page 23
**Economic
Growth**

**Human
Capital**



1. Prevention First

A Prevention First Approach

- We want to go even further with our integrated neighbourhood model – GM therefore offers the opportunity to test at scale national reforms in primary and social care. This would include connectivity with other public services, local VCFSE organisations and local political leadership as convenors of people in place. Our **Live Well model** would be the perfect vehicle to deliver this.
- For example, GM could rapidly **test and implement a new minimum wage for care workers** and **integrate our community Live Well offer with primary care** to reduce demand on GPs arising from non-medical issues.
- To support this, we want to partner with Government to **expand the current Single Settlement to enable locally driven public service reform** that provides greater flexibility and innovation in how our systems of support deliver prevention. This would enable sustainable funding approaches to see *progress with unity* and encourage include how we better support those experiencing multiple disadvantage building on existing devolution commitments.

Integrated Neighbourhood Level



Place Level



Integrated System Level



Supporting the *Left Shift* to Prevention

2. Skills, Work and Health

GM is ready to deliver the Working Well approach at a much greater scale and to be a test site for further innovation. We want to work with Government to extend the devolution of JCP and DWP employment support to GM as part of our Single Settlement, aligned to our current Adult Skills funding and the developing Live Well model. Devolution will allow us to provide flexible work, health and skills support to more people for the same funding by integrating services via a place-based model.

Supporting the ‘Get Britain Working’ Mission	Complexity of the Current Landscape and Gaps in Provision	Expanding Single Settlement Scope in the context of ‘Live Well’
<ul style="list-style-type: none"> We will support targeting an increase in the employment rate from 75% to 80%. This equates to 150,000 GM residents moving into work – our employment rate is 71.9% GM has more ground to cover. Current commitment on Universal Support and Work Well will only support approx. 6,000 (out of work) people in GM for 25/26. This is of an estimated 84,000 people that are economically inactive but want to work leaving a significant gap in support. Through a new model of outreach and engagement we will reach more people that traditionally wouldn’t access support through JCP. 	<ul style="list-style-type: none"> Current landscape of provision is complex in terms of access, pathways, target cohorts and a variety of commissioned services responding to different needs assessments. Centrally driven definitions of unemployment and economic inactivity intersected with various health conditions is driving the complexity of the system response. Significant covid legacy and a large proportion of the economically inactive numbers are made up of people 50+ alongside a growing number of NEET young people. 	<ul style="list-style-type: none"> Devolved employment support would allow us to shape a joined-up work, health and skills offer and enable Jobcentres to be more responsive to local needs. In GM this would see the creation of a ‘Live Well’ service – an entirely new way of providing social support, stability, and security with community-based early intervention, triage and signposting to help people back to work. Functional statement being drafted to describe what full devolution of all employment support funding/functions and associated health funding would look like as part of a revised work, health, skills and support pillar in our single settlement

3. Advancing Health Innovation

Health innovation is one of the GM city region’s ‘frontier sectors’ owing to its strengths in integrated health and care, academia, digital and life sciences. Unlocking these strengths to address the drivers of population health and deliver economic growth are key priorities. Building on GM’s existing strengths and assets, there are four strategic areas of focus to outline to Government:

Health innovation in places	Life sciences ecosystem development	Academic accelerator	Accelerated life sciences market access
<p>Alongside the capital investments and redevelopment projects outlined, there is opportunity to develop next generation health innovation and wellness approaches for local people, using modern facilities underpinned by digital and multi-channel approaches, with embedded commercial property for life sciences, health care and wellness innovation, and housing.</p>	<p>GM has undertaken a robust analysis of its health innovation and life sciences ecosystem, identifying a significant cluster with high recent growth, but there remains a lack of clear specialisation and large businesses. We will prioritise key sectors building on existing strengths and drive growth through local and inward investment, to further GM’s position as a globally important life sciences cluster. This will include a focus on biologics manufacturing, a major global growth market.</p>	<p>Building on our GM academic and industry strengths, we last year secured investment from Innovate UK into an advanced diagnostics accelerator programme, which is delivering benefits for patients through specific projects and maturity of the academic- industry interface. This short-term funding is due to complete in March 2025, but we believe there are major opportunities to improve outcomes for local people and drive economic growth by furthering this approach within GM, under a devolved innovation settlement.</p>	<p>GM has all the ingredients to become a global life sciences superpower, with a focus on accelerated regulation, effective and efficient clinical trials, a learning market for pharma/medtech for real world evidence generation, and accelerated access for citizens to novel innovations at scale. This will require us to build on existing digital and data assets at population level, and strengthen links to industry partners to accelerate the pharma product lifecycle management process.</p>

Outline offer and ask to Government:

- Affirm GM’s aspirations to be a major global health and life sciences superpower to contribute to national and local economic growth, improve health of local people.
- Co-develop a GM sector specific plan with Government
- Further develop GM’s dialogue with national industry/innovation funding bodies to ensure optimal resource availability to pursue this ambition
- Progress freedoms under the devolution opportunities for better use of local funding to super charge these ambitions

4. Capital Investment and Regeneration

Capital Investment and Regeneration

- Unlocking the potential of **NHS capital investment and new models of care as part of wider regeneration and place development**. The opportunities we have for health infrastructure across GM can act as a driver of economic growth – creating good quality jobs and providing suitable sites for building new homes.
- Using the formalised relationship between health, the housing sector and GMCA to test innovative approaches that **connect housing, health and care to reduce demand on services and boost growth**. This includes upscaling delivery of Supported Housing and working with Government to implement the Warm Homes Plan – in conjunction with other Retrofit Programmes and Decent Homes.
- We want to work in partnership with Government to accelerate the work we have underway to **reform the children’s social care market** through access to additional capital funding.
- Access to national NHS capital pipelines remains problematic with a disjointed capital application system. We want to work with Government to **find new ways for ICSs to access capital** on a consistent basis and deploy it to boost growth.



ICS Sustainability Plan

- The Sustainability Plan is being presented to the Integrated Care Board for approval in September. The Plan is needed because the challenges we face now are more complex and acute than we have ever experienced in Greater Manchester. These challenges cover finance, performance, quality and population health. We will bring the Plan to the next ICPB.
- The Plan shows how the GM health and care system **both** returns to financial balance through addressing underlying deficit **and** secures a sustainable future through addressing future demand growth and implementing new models of care year on year
- The best way to reduce the cost impact future demand growth is to support people to stay healthy through preventative, proactive care and support and creating the conditions for good lives. The Four Priority areas for Health and Growth are fundamental to this.
- The Sustainability Plan aligns with the recommendations of the recent independent investigation into the NHS by Lord Darzi. GM is therefore well-positioned to make an offer to Government to deliver the Darzi recommendations rapidly and at scale

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Greater Manchester
LIVE WELL

local. supportive. personalised.

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Everyday support for all in every neighbourhood

health creation
social connection
economic inclusion

Agenda Item 10

The Big Opportunities linked to GM Live Well



Across Greater Manchester our localities remain on the cutting edge of public service reform nationally

The strength of local neighbourhood prevention models continues to grow with joint working across public and VCFSE sectors

Local people as the drivers and beneficiaries of economic growth

Page 30
An existing and vibrant GM Live Well community movement

Connecting existing approaches such as #BeeWell, GM Moving, Ageing Hub, Shared Health, Community Hubs etc. etc.

Making devolution in GM work for every locality and every resident (Double Devolution)

Employment and Skills Devolution

Shaping local decision making around place-based and experience-based communities

'Total Place', with people, for prevention

The Context in which GM Live Well Needs to Respond



Exponential growth in Food Banks across GM



Many people in problematic debt following cost of living crisis



£millions in Unclaimed Benefits per annum



+6,5000 Families in Temp Accommodation



Rise in mental health issues and growing waiting lists, with particular concerns for Children and Young People



Nearly 500,000 people in GM economically inactive, 137,000 long term sick



490,000 GM residents are living in absolute poverty



Forecast of additional £600m in costs due to deteriorating health



What do we mean by GM Live Well...

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Our joint commitment to ensure everyday support is available in every neighbourhood across Greater Manchester - to help people manage the pressures of life, live as well as they can and find purpose through good work.

GM Live Well will provide a framework to further develop existing neighbourhood and prevention approaches across Greater Manchester. It will bring about a radical shift in how we collaborate with people and communities to reduce health, social and economic inequalities.

A core component of GM Live Well will be the creation of Live Well centres and spaces in each locality. Live Well centres will offer holistic, person-centred support from VCFSE organisations and relevant public services based on the needs of local people. This will ensure that a local, person-centred, preventative system of social support, stability and security is available for all wherever they live.



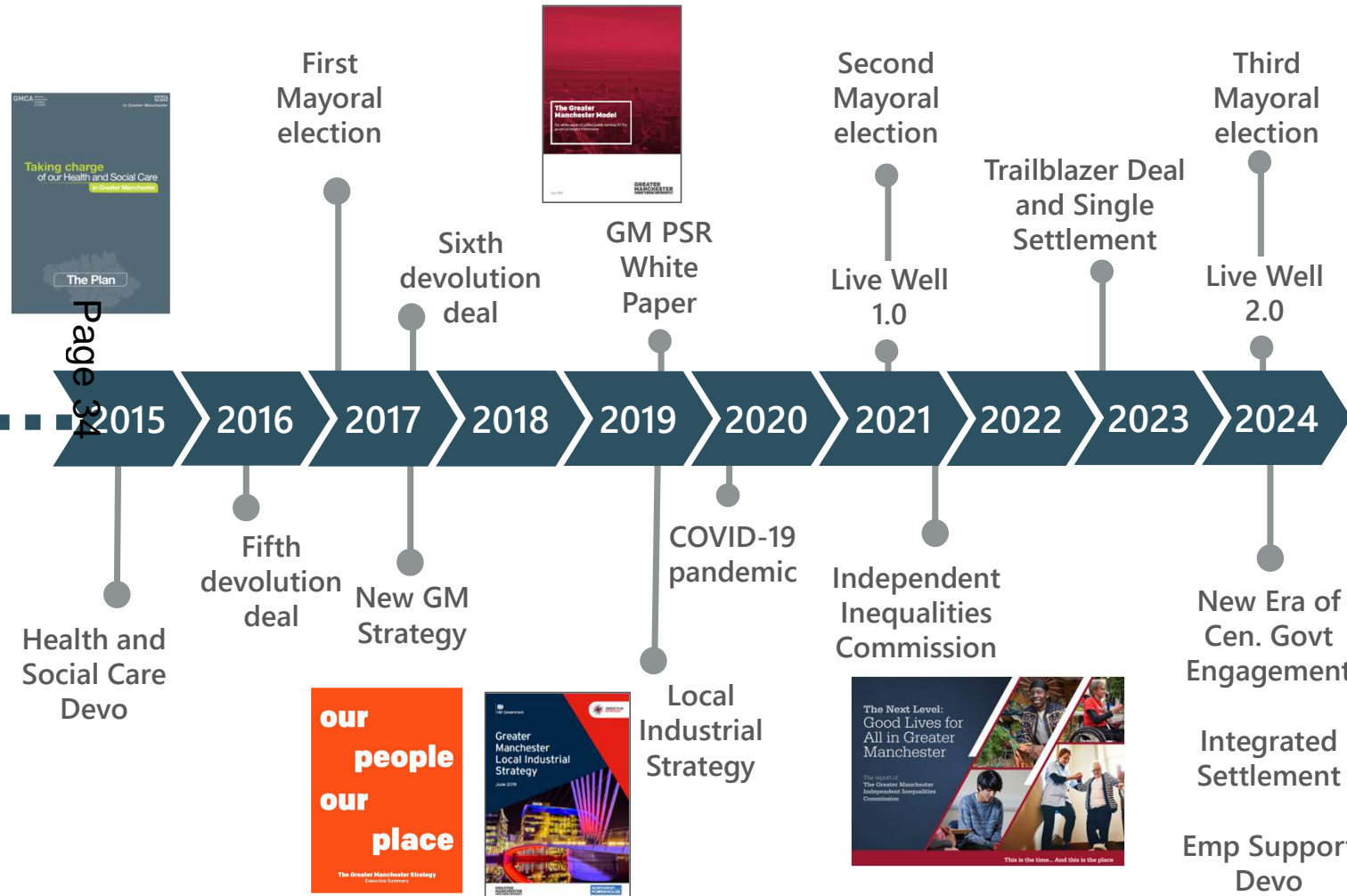
The change we're seeking through GM Live Well...

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GM Live Well will **enable good growth for people** which in turn will lead to good growth for places and for local economies. It will result in:

- **More adults in good work**, less in crisis, less inactive and less with poor health.
- **Less children living in poverty**, families being supported to be safe, happy, healthy and successful.
- **Stronger, thriving communities** supported by a resilient VCFSE sector.
- **People living as healthy and happy as they can** meaning reduced demand on the NHS and Local Authorities, the right support will be in and with the community.
- **A pivot to prevention** which in time will see a reduction in complex and costly demand.
- **Reduced pressure on public sector finances** through greater efficiency across services, meaning more capacity to tackle the root causes of inequality.

This isn't a standing start



- Over the last decade we have seen the growth and maturity of local preventative models of support across neighbourhoods in GM.
- We know what works for people and we are increasingly gaining more flexibility to provide even better support.
- Live Well can set the course for the next 10 years in consistently supporting Good Lives for All across GM.



Our combined approach supports localities

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Through a joint approach we will:

- Use the integrated settlement to **bring funding together** using a ‘Total Place’ approach to further support local integration.
- Galvanise **all GM partners** through Live Well including Health & Care, Police, Fire, Probation, Housing Providers and GM VCFSE Leaders.
- Provide greater support and insights through a **joined-up approach to digital** solutions and information sharing.
- Continue to provide **workforce development opportunities** across sectors.
- Enable continuous improvement through the **identification of learning, what works and why** so this can spread and scale.

Underpinning Principles for GM Live Well



LOCALLY DESIGNED >>> LOCALLY DECIDED >>> LOCALLY DRIVEN >>> LOCALLY DELIVERED

1

GM Live Well is recognised as the **all-age front door to prevention** and opportunity across GM and between our systems of support.

2

Is person focussed, not programme focussed. It **drives health creation, social connection and economic inclusion.**

3

Strengthens and **aligns community-led approaches alongside public service reform** and integrated care. In doing so **enables the sustainability of VCFSE-led support.**

4

Will support the growth of a **vibrant community movement** as an essential component of GM Live Well.

5

GM Live Well **enables good growth for people**, leading to good growth for places and the economy.

6

Maximises **all available support for people through the community, voluntary and public sector** to get people help when and where they need it.

7

Provides a **framework to build on existing neighbourhood and prevention approaches** and further integrates public services aligned locally with the VCFSE sector.

8

Reduces inequality by **breaking down the system barriers** people, communities and organisations face.

>>> BUILDING 'EMPLOYMENT SUPPORT' INTO NEIGHBOURHOOD MODELS <<<

GM Enablers for Local Delivery



Local delivery will be supported by these GM enablers:

- Communities themselves – their voices and strengths
- Housing First Ambition
- MBacc Ambition
- GM PSR Model of Integrated Public Services
- Existing and growing GM Live Well Community movement
- Primary Care Blueprint
- DWP Devolution
- Widened scope of Integrated Settlement / 6th Pillar / Total Place 2.0
- GM Good Growth Plan
- Safer and Stronger Communities Portfolio
- VCFSE Accord



Building a Framework of Local Key Features



Physically identifiable in communities

Live Well Centres

A front door to bespoke support and advice needed, bringing together statutory offers with VCFSE organisations to build health and wellbeing and develop skills and work opportunities – specifically building out from Job Centre Plus and Primary Care facilities.

Live Well Spaces

Inclusive and welcoming community-led places where people can connect, support each other, and take action – within walking distance in every community. Somewhere to get help with getting online, sorting out finances, checking health – or just having a cup of tea and a chat.

Live Well Offers

Coherent and consistent support and advice across a range of issues and to an agreed standard including: housing, food insecurity, benefits advice, digital inclusion, debt & financial hardship, employment support multiple disadvantage, specific health conditions (e.g. dementia), etc.

Neighbourhood Teams

Frontline professionals from the public sector coming together with local voluntary, community, and social enterprise organisations to coordinate services and activities and to help enable the community to find solutions that will improve their health and wellbeing.

Underpinned and Supported by

Live Well Easy Access

Easy to find help, support and opportunities online. Digitally enabled everyday support. The ability to take Live Well support directly into communities where a tailored ‘pop-up’ offer would be beneficial, working together with VCFSE and grassroots groups.

Live Well Workforce

Strengths based, trauma informed, and relational practice. Working across organisational and professional silos. This includes those working in, and alongside, integrated neighbourhood prevention teams.

Community Power

Community voice and decision making is supported to thrive and grow, to shape local service provision, and grow action to overcome inequalities.

Community Wealth

Growing community wealth, ownership and opportunity. Changing what funding is available and how it is deployed to grow and sustain community-led health and wellbeing.

Connecting to What Exists Locally



Over 50k people getting support through **social prescribing** every year, in every neighbourhood

Pioneering and innovative models of **primary care** provision, such as Healthy Hyde, Focused Care etc.

VCSFE Accord – our agreement to work together based on trust and sharing responsibility



Existing **place-based integrated models of support** in neighbourhood footprints.

Evidenced-based success through the **Working Well Programme** with further devolution .

Established Family Support approaches and developing **Family Hubs**.

GM Live Well Support Themes



Devolution Ask: Employment Support



Working with government, agreeing a devolution deal that will allow GM to join up employment, skills and health with wider support to enable a person-centred approach.

GM Proposal: Expanding Single Settlement Scope to incorporate Employment Support. *Including contracted employment support, grants funding, JCP workforce/estate and health funding for employment support.*

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MCA will have responsibility for:

- Ensuring that unemployed residents have access to suitable employment support.
- Ensuring that provision is available to work with economically inactive residents.
- Any additional commissioned/grant funding made available by Govnt.
- Funding to deliver flexible tailored support to address specific barriers to work e.g. Flexible Support Fund, Access to Work Funding

GM WILL DRIVE PREVENTION AND GROWTH BY

Helping people to “live well” by breaking down barriers and offering trusted community-led support into work

Delivering integration of employment, skills and health with wider public services. Tackling the wider barriers to employment.

Supporting more people for the same £ by pooling resources assets and investment across multiple agencies/agendas.

Bringing people closer to the GM labour market through targeted support. Target Outcome: increase in employment rate to 80%.

Pension Credit Take up



- Winter Fuel Allowance now linked to receipt of Pension Credit (normally £200 - £300 payment)
- Request from Government to support Pension Credit take up campaign activity
- Pension Credit - estimated 39,000 households collectively missing out on £95 million each year in GM
- Around 1/3 of those eligible for Pension Credit don't claim – stigma, lack of awareness, complexity of applying
- Attendance Allowance – estimated 30,000 households collectively missing out on £141 million each year in GM
- Plus Housing Benefit, Council Tax Reduction etc



GM Live Well Approach



- Better equip residents and the GM system to manage winter pressures
- Strengthened collaboration between GMCA, NHS GM, GM Housing Providers, VCFSE and other key partners
- Working with communities and community groups is essential to success at the locality level
- GM comms campaign under Live Well banner focused on Pension Credit and Attendance Allowance
 - Engaging older people, family and friends
 - Promoting campaign key messages
 - Upskilling frontline staff



Previous Campaigns



- Pension Top Up campaign from 2020
 - Partnered with GM Housing Providers
 - At least £10M additional income
 - Aimed at older residents, family and friends
- Keeping Well campaigns during covid
 - Printed booklets designed for older residents
- Winterwise campaign with Independent Age 2022
 - 300,000 printed booklets distributed
 - Pharmacies, GPs, patient transport (NWAS), hospital discharge

Page 4



How Integrated Care Can Support



- Engage with patients at older people's health touch points - GP surgeries, pharmacy, optician, dentist, podiatrist
- Work with Primary Care to identify and communicate with people who might be eligible for Attendance Allowance, making the most of existing communication and contacts, and exploring new collaborations with local community groups and organisations
- Promoting campaign messages – internal and external comms
- Upskilling frontline staff – free online training sessions from Independent Age – Pension Credit, Attendance Allowance, Council Tax reduction

Additional Priority Themes to Take Forward



Alongside the opportunities associated with employment support there are other ongoing developments that can be built into and further integrated as part of Live Well

Primary and Community Care

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It is recognised that the Primary Care system will struggle to meet current and rising demand unless it radically changes how it works. New models of primary care, with a broader focus on health inequalities and primary and secondary prevention are required to support people to Live Well, alleviate demand and provide sustainability.

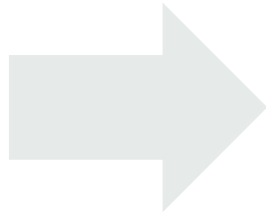
Connecting primary and community care into GM Live Well will enable the acceleration of the identified changes and will position wider public services to be more responsive to our Primary Care Blueprint.

Housing Support



Our Housing First ambition is built on the three pillars of Supply, Standards, and Support. GM Live Well can act as a catalyst to embedding consistent and coherent housing support across the full spectrum of need – from straight forward housing advice, tenancy support, through to supported living options.

#BeeWell / CYP Wellbeing & Opportunity



Our learning and insights from #BeeWell have informed us what young people need to live well and to drive hope to achieve their aspirations. We can also connect Live Well into work with Schools, Colleges and Businesses, with our VRU and make links to the Mbacc.

Recommendations



The Integrated Care Partnership Board is asked to:

- 1) Support the ambition for GM Live Well and support GMCA's intention to undertake a detailed study to model the outcomes and benefits that GM Live Well would realise.
- 2) Recognise that GM Live Well offers the infrastructure to the prevention and proactive care challenges as highlighted in the NHS GM Sustainability Plan.
- 3) Note the value in taking a 'Total Place' approach to further develop local ways of supporting people, strengthening prevention and reducing demand. This would bring funding together from a variety of sources and devolve it down to localities as described in the GM Spending Review submission.
- 4) Endorse the development of a roadmap that starts with co-designing the delivery framework with each locality, understanding local strengths and barriers to progress, building out from what already exists and agreeing common standards for each Live Well key feature.
- 5) Recognise the opportunity to bring Employment Support even closer together with health and care provision.
- 6) Support the intention of bringing GM Live Well into being through the Pension Top-up Campaign over this coming winter

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NHS Greater Manchester Integrated Care Partnership Board

Date: Friday 27 September 2024

Subject: GM Moving Revised MoU and Progress Update

Report of: Co-Chair of GM ICPB and Tom Stannard, Chief Executive for Salford City Council and Chair of GM Moving Partnership Group.

Purpose of Report

To provide an **update** on GM Moving as a key and successful transformative GM movement for movement and **reaffirm commitment** to the GM Moving partnership.

- Approve [refreshed Memorandum of Understanding \(MoU\) between GM partners and Sport England](#) (Appendix 1).
- Share progress and impact on [GM Moving in Action](#) Strategy 2021-31 and continued contribution to the ICP and Greater Manchester Strategies.
- Update on GM Moving Forward Plan including the Place Partnership Deepening Plan, and the Health Integration priorities and practical actions for 2024-5,
- Celebrate 10 years of learning and partnership since GM Moving's inception and opportunities to build on this in service of wider GM missions in the next phase.

Engage the Board with **two questions** to support the next phase:

- What role can ICP members and partners play in the next phase?
- What do members and partners *need* to play their fullest role?

Recommendations:

The NHS GM Integrated Care Partnership Board are requested to:

1. Approve the refreshed MOU with Sport England and wider GM Moving Partnership Board members.
2. Note the next steps for GM Moving, Health and Place and commit to further strategic and collective/distributed leadership support in these areas.
3. Note the progress, impact and stories of the work to date and opportunities for building on this learning.

Contact Officers

Tom Stannard, CEO Salford City Council and GM Moving Partnership Board Chair

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Background Papers

[Uniting the Movement, Sport England](#)

[GM Moving in Action: Active Lives for All Strategy 2021-31 \(and 2 min video\)](#)

[GM Moving Health Integration paper to ICP Board, 24 March 2023](#)

1. Introduction/Background

GM Moving is a '[movement for movement](#)' and a collective strategy with the shared mission of enabling **Active Lives for All**. People and organisations across Greater Manchester (GM) are aligned behind the knowledge and belief that:

- ✓ **Moving matters to us all.**
- ✓ **Together we can 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.

2. Refreshed Memorandum of Understanding (MOU) between Sport England and Greater Manchester partners

This year the **GM Moving Partnership Board** and partners have refreshed Greater Manchester's MOU with Sport England, in the context of:

- New local, regional and national strategies including Uniting the Movement (Sport England's strategy for 2021-31) and the GM Moving in Action strategy for 2021-31.
- New leadership on GM Moving Partnership Board and in Sport England.
- New Trailblazer Devolution deal between government and GM.
- Mayoral Election in May 2024
- General Election in July 2024

The GM Moving partnership and wider movement have travelled a long way together since the first MOU with Sport England was signed in 2016 and since the last MOU was refreshed in 2018. Much has been achieved together, a great deal has been learnt and many more opportunities lie ahead.

Partners have taken this opportunity to look back on our ten year journey and the progress we have made together, starting with a roundtable discussion in November 2023. This includes the building of strong, mutual understanding over the decade which enables us to work as more than the sum of our parts so collectively we can improve outcomes for local people with depth, pace, efficiency and long-term impact. The MoU seeks to make our joined-up work for **active lives for all** even more impactful.

ACTION: Please read the MOU (Appendix 1) which GM ICP Board will be asked to approve at the meeting.

3. Place Partnerships

One of the key commitments in the GM Moving strategy is to spread, grow and deepen place-based partnerships, to create the conditions for an active life in neighbourhoods, localities, and across the city region. Working together with local people, statutory and voluntary organisations in place to co-design places, spaces and solutions that work for them. Recognising the different strengths, challenges and opportunities in different neighbourhoods and communities and growing what's good.

“The fundamental question is to understand how working with, and in, places, we can address the stubborn inequalities that exist among the least active through community-led solutions.” GM Local Pilot Process Evaluation

Sport England Investment into Greater Manchester Place Partnerships:

In 2018 Sport England recognised the need to test whether taking a behaviour change approach in a place, could enable sustainable change. To do this, they selected 12 areas across the country to be Local Delivery Pilots (LDPs) to test out this approach and share valuable learning with colleagues across the country. Greater Manchester was selected as one of these pilots. You can find more information about the Greater Manchester LDP and Place Partnership learning and progress [here](#) and more information is available on the other 11 pilots [here](#).

In 2023, the Local Delivery Pilot was rebranded as "Place Partners". This change in name reflects the significant progress made in our work and the transition from a testing phase to the full integration of this new way of working.

Place Partner Investment 2025-28:

Earlier this year Greater Manchester was invited by Sport England to submit an investment plan to continue and deepen the place-based work across the city region. A plan was codesigned with colleagues across GM localities and was submitted in mid-August. A report and recommendation on this plan will be considered by Sport England Board on 30 September.

Sport England have a smaller overall fund for existing LDP areas, as they scale up this work to 80-100 new places. The need and opportunity for the work across GM is high, but there could be a need to scale back and identify what can be achieved for different investment levels, depending on the outcome of Sport England Board. If the investment from Sport England is lower than the submission, any reductions in the budgets will be applied equally (i.e. the same percentage reduction for GM-wide work and all localities).

In 2018, the Local Delivery Pilot investment was organised on Marmot principles, as follows:

- **Targeted locality/neighbourhood work (80%):** The proportion of investment into each locality was based on population size and levels of adult inactivity. Plans were codesigned by local leaders and steering groups based on data, need and insight.
- **GM-wide work: (20%)** Universal work needed across and into the whole of GM. This includes the strategic leadership of the GM Moving strategy, convening and movement building, and support to whole system place-based work in every locality. It also involves leadership to leverage, align and pool co-investment, programme management and support to locality networks, convening and creating the conditions for peer support, challenge and shared learning. It has delivered work on data, insight, evidence and evaluation, marketing, communications, public narrative, campaigns, community engagement and people and leadership development.

There is a **commitment to apply Marmot principles again, aligned to the latest data around inactivity and areas of need**, with a robust methodology for the allocation of the next phase of investment, building on the learning from the approach in 2018. The latest evidence, evaluation, data and insight ([here](#) and [here](#)) was used to propose four investment methodology options, and the following approach has been agreed, using Marmot principles and Sport England's Place Needs Classification (PNC) data (see Appendix 2).

- **From 2025-8, 80% of investment will be locality led, to deliver plans co-designed in each place.** The planning work for this is underway. 20% of this will provide a core universal investment based on population size and 80% will be based on PNC data. The remaining 20% of the investment will fund the GM-wide work as described above. Plans for the GM-wide work are also in development. This formula will be applied to the investment allocation from Sport England when their Board confirm the investment at the end of September.
- **Glossop** has been an additional locality within the Greater Manchester Place Partnership approach since 2018, when it was included due to its ties to Tameside through the CCG. With the reorganisation of the health structures nationally, Glossop is now part of the Derbyshire ICS and no longer financially linked to Greater Manchester. Conversations took place at GM Moving Partnership Board and with key leaders and Sport England about a way forward. The conclusion of these discussions was that it was no longer appropriate for GM to financially invest in Glossop, and it isn't identified as a priority area for Sport England Place

Expansion/Deepening (based on PNC data). The desire and commitment to see the work continue and support local leads remains. Glossop colleagues will continue to have access to support on offer within Greater Manchester e.g. leadership development and Place Partner Forum. Plans are developing between Glossop, High Peak Derbyshire, GM, and Sport England colleagues to ensure the work and relationships remain strong.

ACTION: GM ICP Board is asked to note the progress, timescales and methodology outlined above.

4. GM ICP and GM Moving Plans

We know that movement, physical activity and sport plays a key role in health creation. People and patients who are active are significantly more likely to have better health and wellbeing, they're less likely to require the health and care system and, if they do, they wait better and recover quicker.

Partners in Greater Manchester are therefore working together to design physical activity into health and care systems across Greater Manchester and to support better collaboration between the health and care system and our partners in physical activity, sport, transport, planning, the list goes on as part of our whole-system approach.

Examples of key approaches and progress in Greater Manchester and nationally can be [found here](#).

They include:

- **Animations and videos:** [3 min explainer animation](#): Integrating physical activity into health systems; and [three mental health](#) videos making the important link between movement and health.
- **Active GP Practices:** Urban Village Medical Practice [case study here](#); and in contact with another 24 additional practices exploring becoming Active Practices.
- **Physical Activity Clinical Champions Programme (PACC training):** From 2023-2024 across GM, we facilitated and supported delivery of 13 PACC sessions to

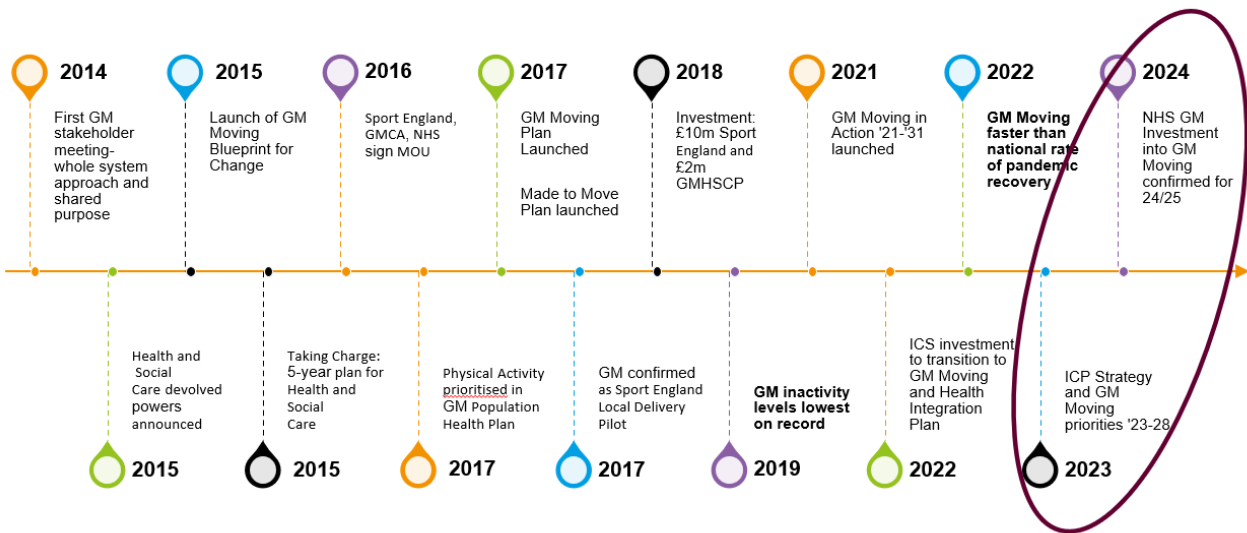
approximately 350 people across 11 organisations. More sessions are now being organised to take place between now and March 2025. [Find out more here.](#)

- **Health creation through walking and wheeling:** Supporting communities to move more through [walking, wheeling and all forms of active travel](#), to include:
 - **Annual GM Walking Festival:** In 2024, nearly 400 walking and wheeling events took place in May across all ten boroughs thanks to local VCFSE groups / organisations, councils, leisure trusts, health care providers, schools and many others. See the [GM Walking Festival Impact Report 2024](#), video with [Dame Sarah Storey on health benefits of walking](#) and [festival video here](#).
 - **GM Walking grants:** Since 2020 grants of between £2-5k have been distributed to 166 voluntary, community and social enterprise organisations, see [GM Walking Grants Impact report 2023-24](#)
- **Creation of healthy and active places:** Embedding healthy, active places principles in place design, development and management to create the conditions for healthy and active lives for all within Greater Manchester throughout all stages and circumstances of life, [read more here](#).
- **Growing communities of practice and learning:** For example, in June, the GM Moving health team recently brought over 100 colleagues together from the health and care system locally and nationally, who are involved with and interested in growing approaches that support movement and physical activity across Greater Manchester and nationally. The Embedding Movement in Health and Care Systems event demonstrated the value of this work to the [GM Integrated Care Strategy](#), shared examples of approaches from across Greater Manchester and provide an opportunity to help identify and share key priority areas of connection and integration. This event can be watched back [here](#).

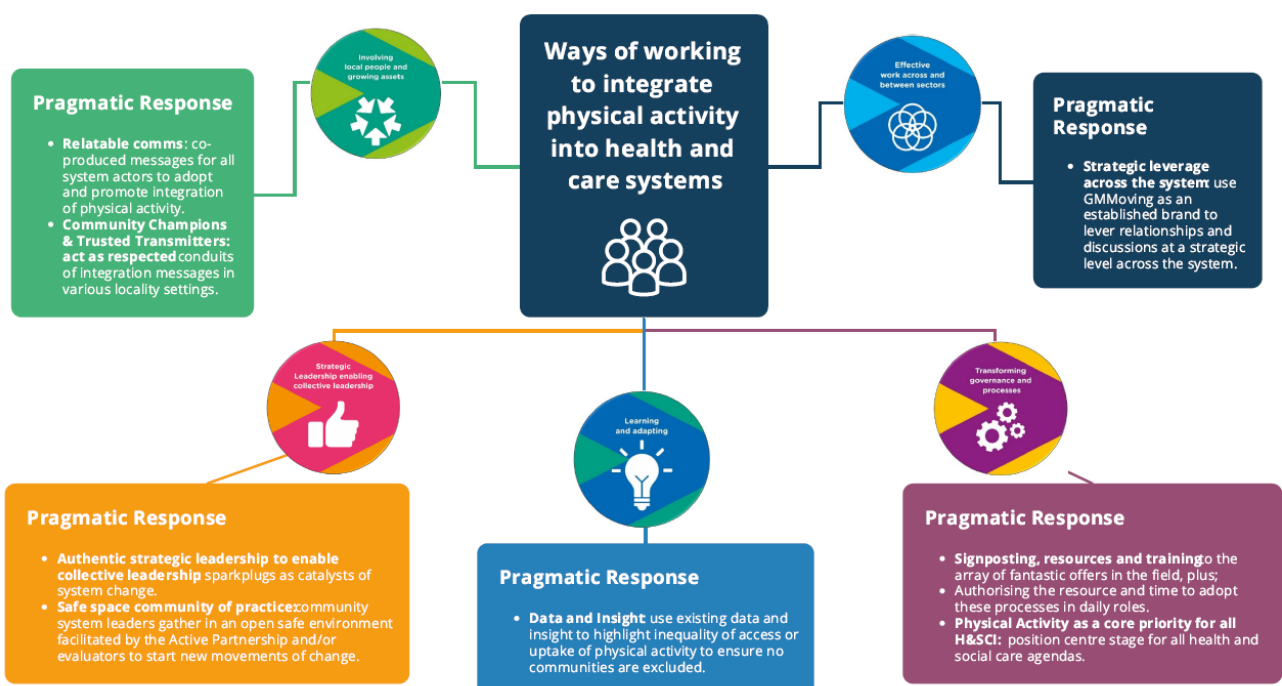
NHS GM have confirmed investment into GM Moving for 24/28 to continue progressing the work to embed movement into health and care systems against the agreed core priority areas:

- Mental Health and Wellbeing
- Live Well
- Deconditioning and Falls Prevention

- While You Wait
- Health inequalities and SEND
- Health and Care Workforce Wellbeing and Development
- Priority Clinical pathways (Respiratory, CVD and Cancer)
- Healthy Active Places
- Women's Health



The following pragmatic responses / practical actions have been developed through a series of interviews with leaders across the health and care system to guide this work in the next phase so together we can catalyse and connect the system for greater impact. Independent insight and evaluation reports available here for [2023](#) and [2024](#).



5. GM Moving in Action, Three Years On

September 2024 marks three years since the launch of the [GM Moving in Action Strategy 2021-31](#). Progress, learning and insight, for each of the key elements of the GM Moving strategy is shared via the GM Moving website, to include a rich array of stories, data and learning. For more information on the priorities and to stay informed, partners can [sign up to the GM Moving newsletter here](#).

6. Ten years of Learning on Leading Whole System Change

The GM Moving data, stories and process evaluation can give us growing confidence as a system that a sustained, whole-system prevention-first approach (that connects and supports people and organisations to come together, in a place, around a shared mission) can deliver the population-level outcomes that previous approaches have failed to achieve.

We've also seen, that when whole systems work together to get people moving, we can also solve other problems too, such as improving educational attainment and health outcomes, supporting the local economy, reducing our impact on the environment and creating healthier, happier, safer places; collectively making Greater Manchester a better place for everyone to live.

7. Conclusion

This paper brings together the current context and next steps in three key areas of the GM wide work to support implementation of local whole system strategies. There are many more areas of work across the whole [GM Moving in Action](#) strategy that are not covered here. For more information on the priorities and to stay informed, please [sign up to the GM Moving newsletter here](#). If you have any questions or would like to connect to a particular area of work, please contact hayley@gmmoving.co.uk

Appendix 1

GM/Sport England MOU.

Appendix 2

Sport England Place Needs Classification.

Memorandum of Understanding

Greater Manchester Moving: Active Lives for All, 2024-2031

1. PARTNERS TO THIS AGREEMENT

- 1.1 This Memorandum of Understanding (**MoU**) is between the [Greater Manchester Combined Authority](#) (referred to as '**GMCA**'), the [Greater Manchester Integrated Care Partnership](#) (referred to as **NHS GM**), [Transport for Greater Manchester](#) (referred to as '**TfGM**'), the Greater Manchester voluntary, community, faith and social enterprise (**VCFSE**) sector through [GM VCFSE Leadership Group](#) (referred to as '**GMVCSE**'), Greater Manchester public sector leisure, through [GM Active](#) (referred to as '**GM Active**'), The English Sports Council, [Sport England](#) (referred to as '**Sport England**') and [Greater Manchester Active Partnership](#) (referred to as '**GM Moving**').
- 1.2 Collectively, 'the **Partners**' form the GM Moving Partnership (referred to as 'the **Partnership**') which are represented in the governance structures through the 'GM Moving **Partnership Board**'.

2. PURPOSE, APPROACH AND AMBITION OF THIS MEMORANDUM OF UNDERSTANDING

- 2.1 The purpose of this MoU is to **support and guide how the Partners will work together** in a long-term collaborative Partnership.
- 2.2 The MoU **aligns with local, GM and national government strategies** for moving, physical activity and sport, as well as broader, local to national, cross-government strategies to deliver population health and wellbeing. The MoU will span the life of Sport England's [Uniting the Movement strategy 2021-31](#) and GM's '[GM Moving in Action 2021-31](#)' strategy. Recognising that population level change in place requires a clear and sustained focus, commitment and approach over an extended time, to create the conditions for collective understanding, trust and action.
- 2.3 The MoU sets out **our approach**, as the GM Moving Partnership, and as the people and partners who form the wider GM *movement for movement*, to achieving mutual outcomes and our shared mission of Active Lives for All, as set out in '[GM Moving in Action 2021-31](#)', GM's physical activity strategy. To include a shared commitment to take a long-term, preventative, community-led, evidence-based

approach to tackling inactivity. And to hold each other to account to facilitate joint working in a whole system, place-based way to tackle inactivity and inequality, creating the conditions for self-supporting systemic change.

2.4 **Our ambition is to enable active lives for all in Greater Manchester.** This means taking a combination of targeted, universal, and systemic action to prevent inactivity, close activity inequality gaps between socio-economic and demographic population groups and increase access, participation and positive experiences of moving, physical activity and sport. Helping to create a mature system and the conditions for culture, system and behaviour change. Contributing towards people living better, longer lives; improved health equity; safer, stronger communities; inclusive economic prosperity; vibrant and resilient places; and greater environmental sustainability.

2.5 The MoU seeks to **make our joined-up work for active lives for all even more impactful.** In the knowledge and belief that moving matters to all of us, we need to design moving into everyday life for all, and we all have a role to play to achieve that ambition.

3. THE SCOPE OF THIS MEMORANDUM OF UNDERSTANDING

3.1 **The intention of the MoU is to:**

- . Set out at a high level how the Partners will work together in collaboration over the next seven years, in line with shared objectives and values.
- . Provide a framework for the [GM Moving Partnership Board](#) in providing executive leadership and accountability for whole system delivery of the commitments and priorities set out in '[GM Moving in Action 2021-31](#)'.
- . Reaffirm the Partnership's commitment to focus on dismantling the barriers for the groups in the population who are least active (as informed by evidence and insight, statistics and stories) to provide the biggest gains and best value for public investment and shared resources.
- . Create direct relationships and clear line of sight between national, regional, local and hyperlocal challenges and provides opportunities to work better with all our partners, communities and residents.
- . Crystallise the Partnership's commitment to embed GM's socio-ecological approach to behaviour change¹, and to draw on the evidence, insight and learning around the key enablers ²(figure 1 below) for delivering long-term systemic

¹ GM Moving, socio-ecological model, <https://www.gmmoving.co.uk/about/how-we-work>

² GM Moving, enablers, <https://www.gmmoving.co.uk/commitments/in-place/place-partners/evaluation>

change at pace, depth and scale and playing our full role to help develop as a mature and integrated system.

- . Provide a solid foundation and transparency of purpose, approach and system to support further growth of a diverse and inclusive 'movement for movement' and to inform individual and joint action plans.
- . Is not intended to be legally binding except as specifically stated in relevant clauses.
- . It will be effective from the date of signature from partners until 2031 or the Partners decide to review.

4. THE FOUNDATIONS WE ARE BUILDING ON AS A PARTNERSHIP

4.1 The Greater Manchester and Sport England partnership has evolved over the last eight years because of a shared ambition and understanding of collaborative advantage, working on an equal footing. This partnership and our shared mission have been a continued priority in Greater Manchester since 2015. This MoU aims to reflect the increasing breadth and depth of the work and learning since the first MoU was signed between Sport England, GMCA, and GM NHS in 2016.

4.2 The last five years has seen increased alignment, clarity and consistency which includes:

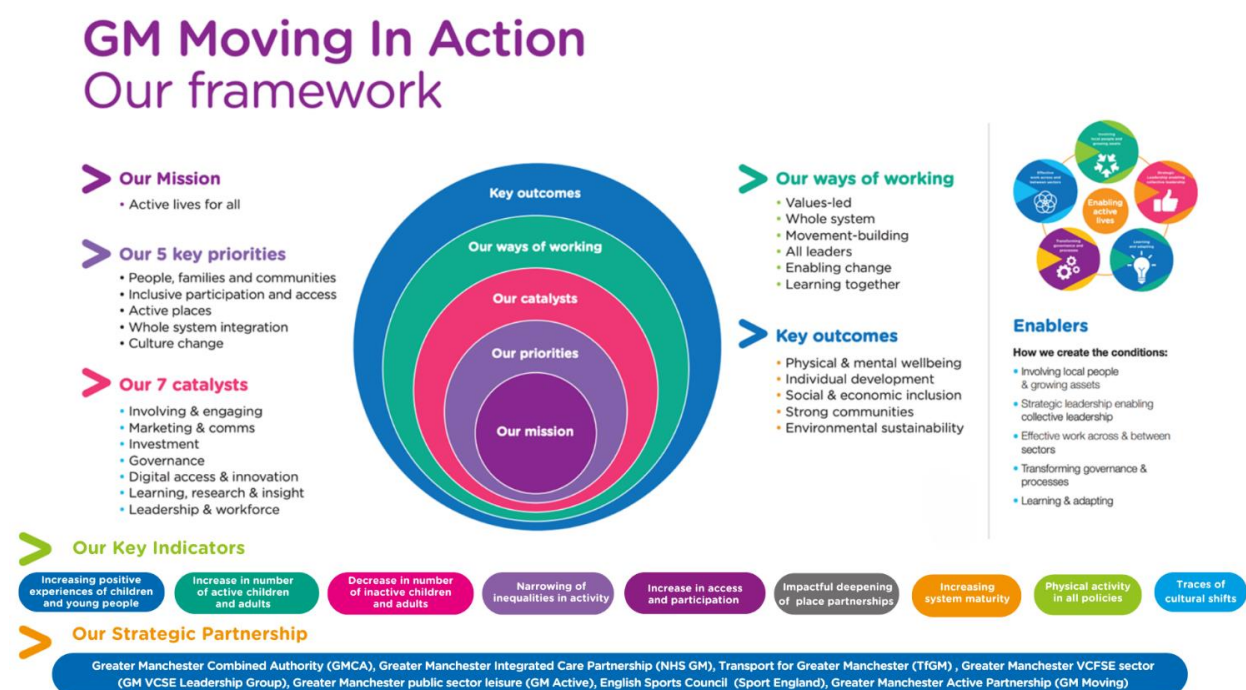
- . Aligned messages, language and framing to include a widening of the lens from sport to include all forms of movement.
- . Shared ambitions, priorities and outcomes, to include increasing focus on health equity, ensuring moving, physical activity and sport make their fullest contribution towards population health and wellbeing to include both physical and mental health and growing recognition of the contribution to be made towards planetary health and sustainability.
- . Joint strategic thinking, sense-making, and decision making.
- . Welcoming innovation and seeing strength of Greater Manchester as test bed.
- . Joint investment and pooling, aligning and channelling resources for greatest impact.
- . Collective learning around measurement, evaluation and learning. Developing shared indicators of change and honest, meaningful and efficient ways of capturing progress. Increasing confidence in how we measure what matters and share what works in a complex system, so evidence can translate into practice and demonstrate value, to include nurturing and capturing system maturity.

4.3 This is reflected in the shared priorities and approach set out in the ['GM Moving in Action' strategy 2021-31](#) which we co-authored as Greater Manchester's renewed whole system strategy for physical activity and call to action for Active Lives for All. See below.

4.4 The partnership and collaborative spirit we have created has felt powerful, providing the strength and resilience to stay focused, stay together and to keep us moving forward even in times of significant challenge and stress on partners and the system.

5. GM MOVING IN ACTION – OUR SHARED FRAMEWORK

5.1 Our shared vision, priorities, ways of working, catalysts and enablers for change are set out in the [‘GM Moving in Action’ strategy 2021-31](#) which the Partnership co-authored, alongside people and partners across the wider movement. As a partnership we take responsibility for providing strategic direction, conditions, check and challenge and accountability for system delivery of this strategy.



GM Moving in Action Strategic Framework, Figure 1

5.2 This includes the following agreed ways of working:

- **Values-led:** We'll live our values in practice. To include being present, open and honest to enable high challenge and high support. Actively listening and assuming the best of each other and seeking common ground.
- **Whole system working:** Acknowledging the multiple and complex influencers on people moving. Connecting people and information together across layers, hierarchies, systems, sectors and geographies to accelerate progress within place.
- **Movement-building:** Inviting others to join in and enabling them to play their role as part of a movement for movement. Creating a culture of welcome, inclusion and belonging.

- **All leaders:** Joint commitment to collaboration, co-production and being ‘in the work’ together. Respect for each other’s strengths, perspectives, expertise and competing demands.
- **Enabling change:** Drawing on our collective evidence and insight to inform practice and using ongoing reflection and sense-making to ensure practice informs learning. Being agile, flexible and receptive to the dynamic and emergent nature of the work.
- **Learning together:** Working together on a day-to-day basis as one team. Forging deep relationships that nurture courage to test, to fail and to learn.

6. MEASURING PROGRESS - OUR KEY PRIORITIES AND INDICATORS OF CHANGE

6.1 The [‘GM Moving in Action’ strategy 2021-31](#) sets out our view of what success will look and feel like in 2031 and our high-level approach to measuring progress against each of our key commitments and priorities. ‘We want to know names and numbers, stats and stories’.

6.2 As a Partnership we will facilitate the production and publication of an annual progress report and action plan. This will focus on our key commitments and indicators of change, as set out below, alongside significant stories of impact and partners’ on-going reflections on the changes we see, hear and feel. See appendix for our latest progress report and action plan.

Key Commitment	Key Priorities / Big Issues	Key indicators of change
People, families, communities:Active Lives for all	Active Children and Young People	Sport England Active lives data shows increasing positive experiences of children and young people, decrease in number of inactive children and increase in number of active children.
	Active Adults	Sport England Active lives data shows decrease in number of inactive adults and increase in number of active adults.
	Reducing Inequalities	Sport England Active lives data shows narrowing of socio-economic, demographic and spatial inequality in activity levels.
Inclusive participation and	Physical activity, sport and leisure	Data and stories show increase in access and participation in physical activity through community and faith

access: Move your way!		<p>networks and spaces, public leisure and grassroots sports and increasing representation of target audiences.</p> <p>And these networks are deepening their connections in communities and growing breadth and strength of their ties and engagement in the movement.</p>
	Walking, wheeling, cycling and other active modes	<p>Data and stories show increase in access and participation in walking, wheeling and cycling and other active modes (e.g. run, skip and play on the way) in Greater Manchester and increasing representation of target audiences.</p> <p>And these networks are growing in diversity, scale and strength of engagement to include participation in GM Walking festival and GM Walking Voice.</p>
Active places: Wherever you live, work and play	Place partnerships	Impactful deepening of place partnerships in Greater Manchester. To be developed with localities and Sport England to align with model for measuring place-based work. To include indicators to show increasing community-leadership.
	Active environments	Increasing examples of where good active design is embedded into policy, guidance and practice in Greater Manchester.
Whole system integration: Building back fairer through active lives	An increasingly mature, enabling system.	Increasing system maturity across the GM Moving enablers for change.
	Physical activity integrated into health and care	Increasing examples of integration into policy, practice and delivery.
	Physical activity integrated into economic inclusion and wealth creation	
	GM Moving is contributing to environmental sustainability	

	Uniting the movement, locally, regionally, nationally and globally	Increasing number and diversity of people and partners actively involved in localities and pan GM. Stronger ties with national partners and growing global community of practice.
Culture change: Everyday moving	Inclusive language, imagery, stories. Dispelling myths and assumptions that perpetuate inactivity	Traces of change across the system. As captured through GM Moving socials, events, conversations and ongoing reflection and sense-making.

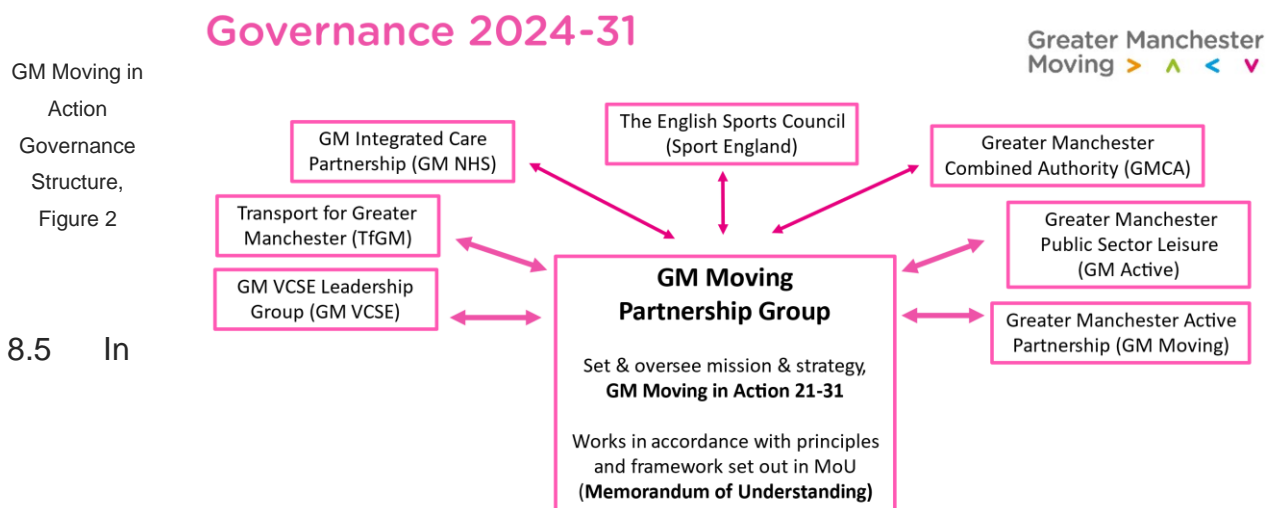
7. CATALYSING AND ENABLING CHANGE

- 7.1 Evidence and learning to date has highlighted the importance of the seven GM Moving catalysts and the five enablers for change (as set out in the GM Moving in Action framework above) as critical to how we create the conditions for change and make progress towards Active Lives for All. The partnership takes responsibility for ensuring these are considered in decision-making and in oversight of investment and delivery of the strategy.
- 7.2 The partnership also commits to investing resource and capacity to ongoing process evaluation to ensure real-time learning and its translation into action and practice. GM Moving in Action will continue to lead the way in understanding what works, and why in systems approaches to inactivity and inequality and will collaborate and share with others.

8. GOVERNANCE, ACCOUNTABILITY AND RESOURCE ALLOCATION

- 8.1 The GM Moving Partnership Board will oversee the shared action plan and ensure annual publication of progress against the agreed outcomes framework to include changes against each of the key indicators of change. This will be in addition to any reporting mechanisms agreed between partners for specific areas of investment though partners will seek to streamline governance and reporting around the shared framework to optimise shared measurement and learning and reduce administrative time and resources.

- 8.2 The Partnership Board will meet four to six times a year to guide progress against key commitments and priorities, assess issues, risks and new opportunities and to strengthen and support partnership working. Additional working groups or advisory groups can be established as and when needed at the discretion of the Board and Exec team.
- 8.3 Membership of the Partnership Board to include a minimum of one and maximum of three representatives from each of the key partners. Guests to be invited to attend to provide advice and insight or to observe as and when agreed. The Board to annually nominate a Chair and Deputy Chair for all meetings. Membership to be reviewed annually. Executive support and secretariat functions to be fulfilled by GM Moving.
- 8.4 In the event of any member or partner having an actual, potential or perceived conflict of interest in relation to their role within the Partnership and matters to be discussed at the Board, they will notify the Chair and the Exec lead. In this event the partners will discuss and agree the necessary actions to ensure a conflict of interests is avoided.



8.5 In

keeping with the Partnership’s values, the partners all sign up to promote a culture of shared responsibility, accountability, and radical candour to each other, to the people and partners in the GM Moving movement and to the Greater Manchester population.

- 8.6 The Partnership will oversee the production and publication of an annual GM Moving progress report and annual action plans. To inform and support the annual

sense-making and reporting process, partners will help to convene an annual GM Moving round table, to bring Greater Manchester and national strategic leaders together. Partners will also support the hosting of an annual GM Moving conference, as an opportunity for people and partners across the whole movement to come together to celebrate their collective progress, share learning, re-energise and refocus.

Annual calendar	Partnership Board meetings	Wider partnership and movement
Winter	<ul style="list-style-type: none"> • Deep dive for Commitment 2: Access & Participation 	
Spring	<ul style="list-style-type: none"> • Review co-investment and outcomes framework. • Deep dive for Commitment 3: Place 	<ul style="list-style-type: none"> • Annual GM Moving Conference • Results of stakeholder survey released
Summer	<ul style="list-style-type: none"> • Deep dive for Commitments 4 & 5: System integration & culture change 	
Autumn	<ul style="list-style-type: none"> • Review of MoU and Partnership Board. • Deep dive for Commitment 1: People, Families & Communities 	<ul style="list-style-type: none"> • Publish Annual GM Moving progress report and action plan. • Stakeholder survey disseminated. • Annual Roundtable with strategic leaders

9. COMMUNICATIONS

9.1 All communications will be guided by the partnership’s agreed ways of working to include principles of transparency, distributed leadership, shared ownership, and responsibility.

9.2 This includes a commitment to ensure that the following GM Moving communications are maintained:

- GM Moving website will be kept updated as a platform for sharing progress, partner stories and data, insight, learning and resources.
- The annual progress report and annual action plans will be published on the GM Moving website along with details of the governance arrangements and Partnership Board with a link to this MoU and its appendices.

- . A regular GM Moving newsletter with updates to be sent to all subscribers.

- . Regular communications across social media platforms to include GM Moving feeds on X, LinkedIn and YouTube.

- . Annual GM Moving Conference will be held as an open space for all people and partners across the whole movement to gather.

10. CONFIDENTIALITY AND DATA

10.1 The parties agree and acknowledge that the discussions related to the Partnership and the MoU may include confidential information and are subject to a separate Non-Disclosure Agreement (NDA). Neither party will disclose confidential information without the prior written consent of the other party in accordance with that NDA.

Data sharing and Freedom of Information

10.2 The parties will adhere to protect personal data.

- (i) Where any Personal Data is processed in connection with this MoU, the parties acknowledge that they each act as a Data Controller.
- (ii) The Parties will comply with all relevant Data Protection Legislation.
- (iii) 'Data Protection Legislation' means all applicable data protection and privacy legislation in force from time to time in the UK including the General Data Protection Regulation (Regulation 2016/679 of the European Parliament) as transposed into UK national law by operation of section 3 of the European Union (Withdrawal) Act 2018 and as amended by the Data Protection, Privacy and Electronic Communications (Amendments etc.) (EU Exit) Regulations 2019; the Data Protection Act 2018; and the Privacy and Electronic Communications Regulations 2003 (SI 2003 No. 2426) as amended and all other legislation and regulatory requirements in force from

time to time which apply to a party relating to the use of Personal Data (including, without limitation, the privacy of electronic communications).

- 10.3 The Partners acknowledge that each is subject to the requirements of the Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations and shall assist and co-operate with each other to enable compliance with its information disclosure obligations.
- 10.4 Where one partner considers that any information it has provided to the other is exempt from disclosure under the FOIA, it must tell the other partner and refer to the relevant exemption and give reasons why it is so exempt.
- 10.5 Each Partner acknowledges that the other Partner shall be responsible for determining in its absolute discretion whether any of the content of the MoU is exempt from disclosure in accordance with the provisions of the FOIA and/or the Environmental Information Regulations.

11. PAYMENT

- 11.1 No payments will be made by any Partner under this agreement. Commitments of investment through the partnership will be governed by separate agreements, albeit with reference to the principles and framework set out in this MoU.

12. WIDER OPPORTUNITIES

- 12.1 This MoU does not limit the scope for potential joint work and each Partner will seek to explore any collaborations, locally, nationally, or internationally, which might deliver game changing results.

13. REVIEW

13.1 The Partnership and MoU will be reviewed annually to ensure it best reflects, represents and serves GM population and is fit for purpose to support delivery of the GM Moving mission and strategic priorities. This MoU will come to an end and will need to be renewed in 2031 alongside the refresh of the 2021-31 GM Moving Strategy, or earlier if required.

14. GENERAL

14.1 This MoU is written in the spirit of a partnership committed to strengthening, deepening and expanding collaboration and in striving to add value, as more than the sum of our parts.

14.2 The Partners agree that they will comply with the relevant rules, regulations, policies and procedures of the other organisations to the extent necessary for the purposes of the implementation of and operation of the MoU.

14.3 This MoU will come into force on the date of signature below and will remain in force unless terminated. Any Partner can terminate this MoU on giving at least three months' notice in writing to the others.

14.4 The terms of the MoU can be amended by mutual agreement in writing by the Partners.

Signed on 27 September 2024

By:

Andy Burnham

Mayor of Greater Manchester

Andy King

Chair of GM Active

Caroline Simpson

Hayley Lever

**Group Chief Executive for GMCA,
TfGM and GMFRS**

Chief Executive for GM Moving

Lisa Dodd-Mayne

Liz Windsor-Welsh

Exec Director for Place, Sport England

**Director 10GM and representative
for GM VCFSE Leadership Group**

Mark Fisher

Dr Richard Nickson

Chief Officer for GM NHS

Network Director, Active Travel,

TfGM

Tim Hollingsworth OBE

Tom Stannard

Chief Executive, Sport England

**Chair, GM Moving Partnership
Board & CEO Salford Council**

Appendix 2

Sport England Place Needs Classification

The Place Need Classification identifies a place as somewhere of 'greatest need' based on where the data indicates there's a:

- **sport and physical activity need:** data that describes the physical activity behaviour that we're looking to change. This data speaks most directly to GM Moving in Action mission to increase activity, reduce inactivity and reduce inequalities and a create Active Lives for All.
- **social need:** data that describes places where outcome data is less favourable. On the basis that sport, and physical activity can provide a range of benefits, we believe there's the greatest potential for individuals and communities to benefit from increased activity levels where both outcomes and activity levels are lower.

Sport England are keen that this data is used to guide decision making. More information on PNC data can be found [here](#). Sport England have used PNC data to select the places where their 'Expansion' investment will be allocated in the new 80-100 areas. They are encouraging those expansion places to utilise PNC data to help inform and shape their

delivery and investment plans at the local level, and it is their suggestion that GM uses it too. Note that this is not currently mandatory.

▪

Greater Manchester Moving > ^ < v

Ten years of learning
Progress update and revised MoU



Purpose

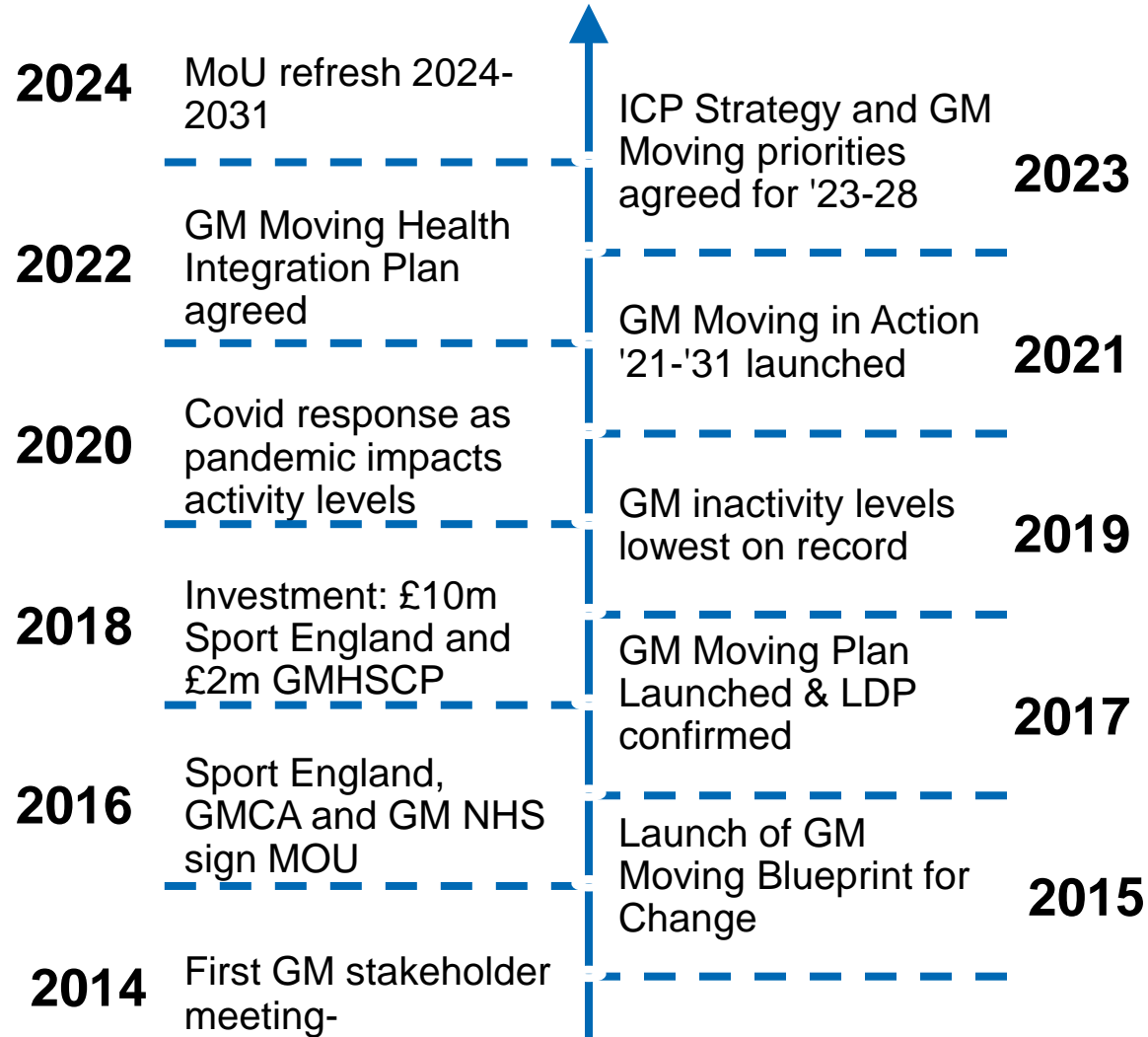
Update on GM's Movement for Movement

- Approve refreshed Memorandum of Understanding (MOU)
- Share GM Moving progress and impact
- Update on forward plan including Place Partnerships and Deepening and Health Integration priorities and actions
- Celebrate 10 years of learning and partnership and opportunities to build on

Strong foundations

A refreshed Memorandum of Understanding

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Sturdy scaffolding

GM Moving in Action framework

> **Our Mission**
 • Active lives for all

> **Our 5 key priorities**
 • People, families and communities
 • Inclusive participation and access
 • Active places
 • Whole system integration
 • Culture change

> **Our 7 catalysts**
 • Involving & engaging
 • Marketing & comms
 • Investment
 • Governance
 • Digital access & innovation
 • Learning, research & insight
 • Leadership & workforce



> **Our ways of working**
 • Values-led
 • Whole system
 • Movement-building
 • All leaders
 • Enabling change
 • Learning together

> **Key outcomes**
 • Physical & mental wellbeing
 • Individual development
 • Social & economic inclusion
 • Strong communities
 • Environmental sustainability



Enablers
How we create the conditions:
 • Involving local people & growing assets
 • Strategic leadership enabling collective leadership
 • Effective work across & between sectors
 • Transforming governance & processes
 • Learning & adapting

> **Our Key Indicators**

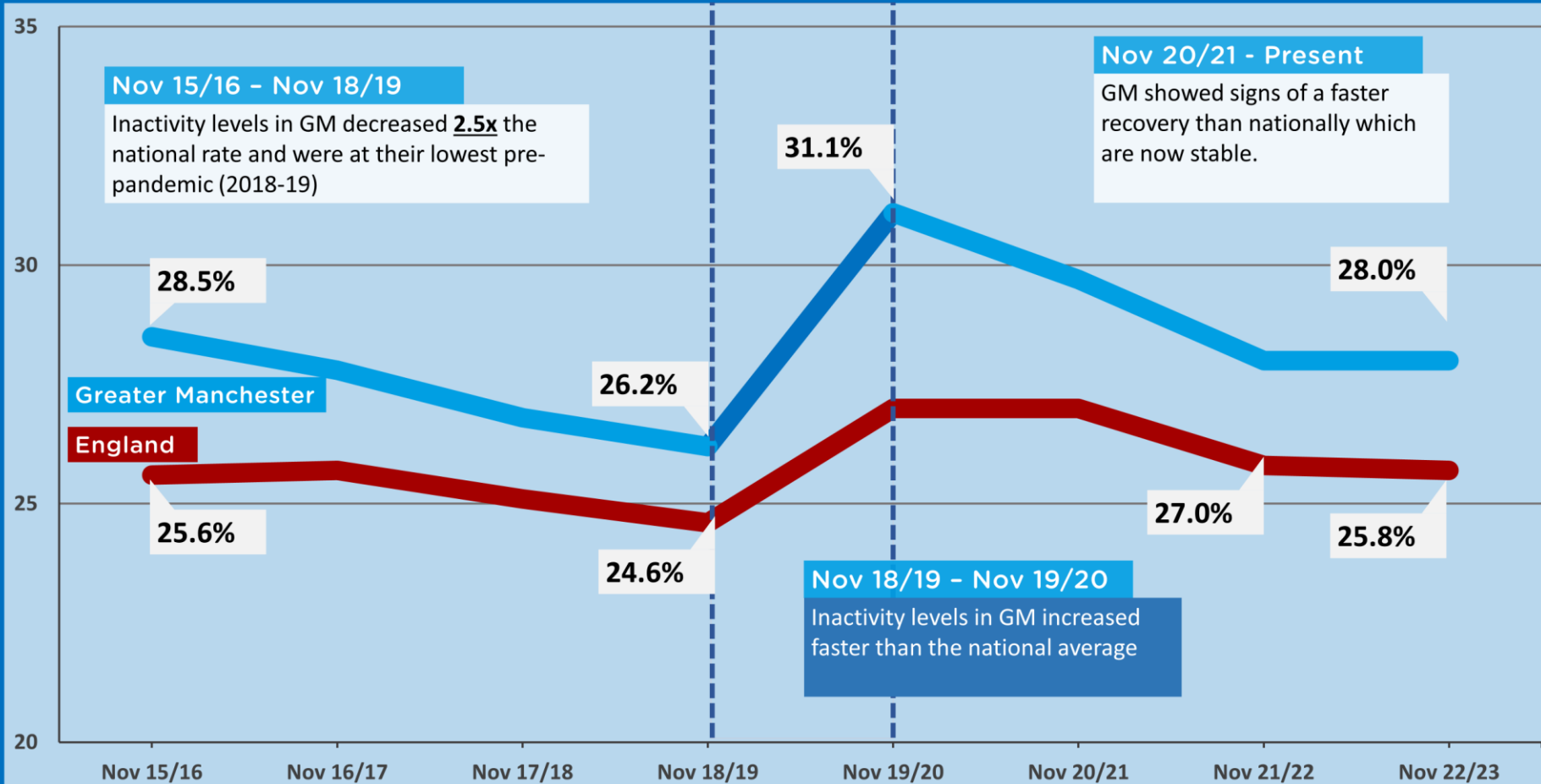
- Increasing positive experiences of children and young people
- Increase in number of active children and adults
- Decrease in number of inactive children and adults
- Narrowing of inequalities in activity
- Increase in access and participation
- Impactful deepening of place partnerships
- Increasing system maturity
- Physical activity in all policies
- Traces of cultural shifts

> **Our Strategic Partnership**

Greater Manchester Combined Authority (GMCA), Greater Manchester Integrated Care Partnership (NHS GM), Transport for Greater Manchester (TfGM), Greater Manchester VCFSE sector (GM VCSE Leadership Group), Greater Manchester public sector leisure (GM Active), English Sports Council (Sport England), Greater Manchester Active Partnership (GM Moving)

Making a difference: Increasing activity levels

Inactivity Levels - Adults* Greater Manchester

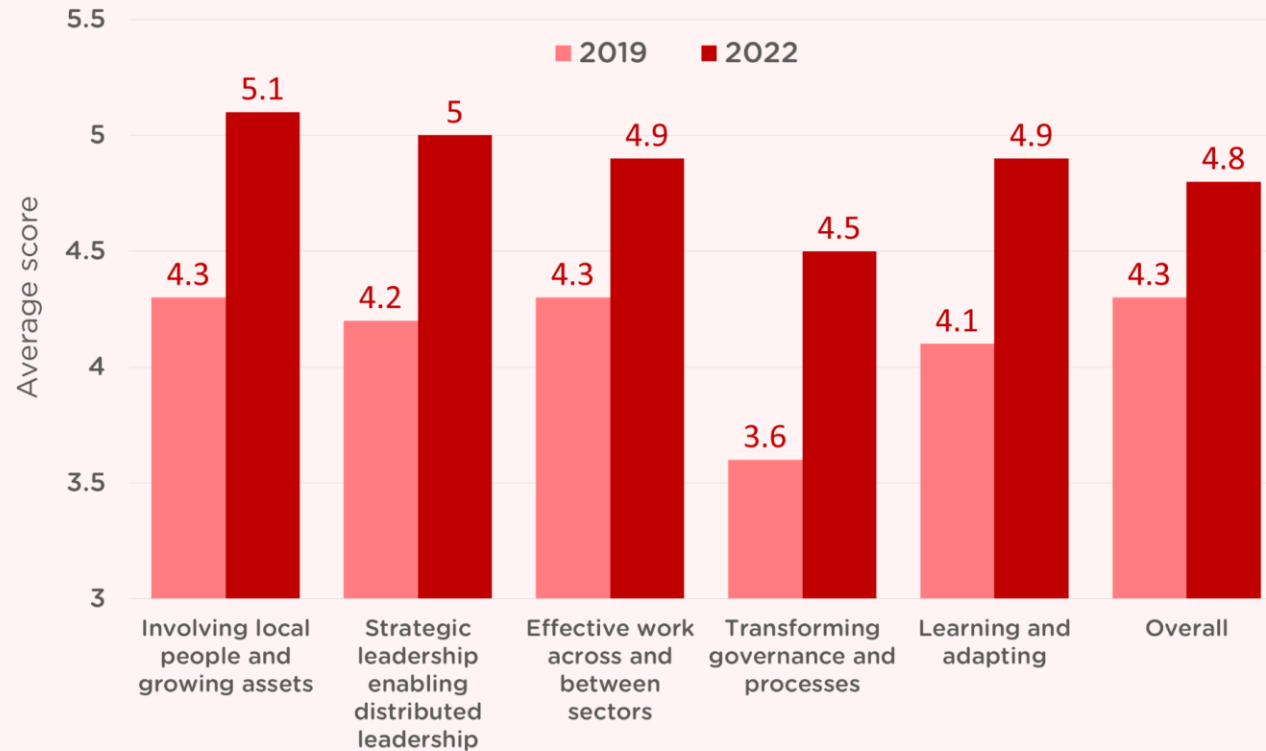


Source: Sport England, Adult Active Lives Survey – Updated: April 2024

*inactive for adults is defined as less than 30 minutes a week of moderate intensity physical activity (Sport England, Active Lives Survey)

Making a difference: Improving system conditions

System conditions for Greater Manchester



On a scale of 1 to 7 (where 7 is fully established) stakeholders were asked to what extent they agree or disagree with a series of statements about the conditions to enable active lives.

Involving local people and growing assets has seen the most maturity, and transforming governance and processes the least.

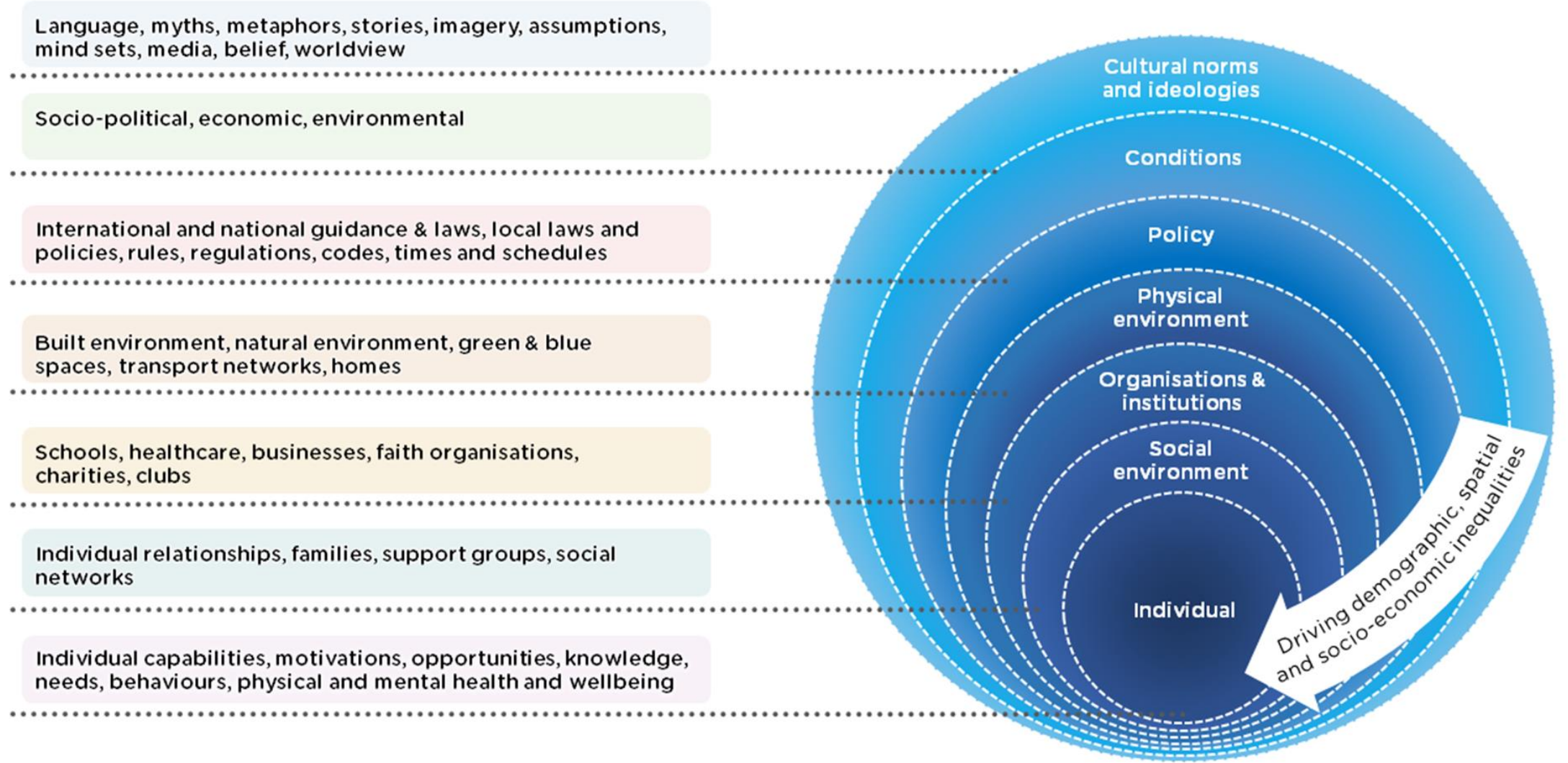
Making a difference: Transforming lives

[Stephen's story: Youtube https://youtu.be/PYur_mX59rg](https://youtu.be/PYur_mX59rg)



Embedded whole system approach

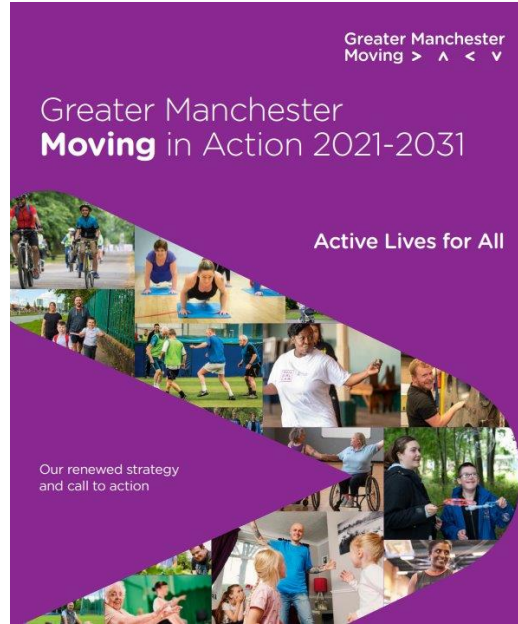
Addressing all the influences, as a movement for movement



Clarity of purpose, roles and invite to join in

Alignment and integration of strategies and approach

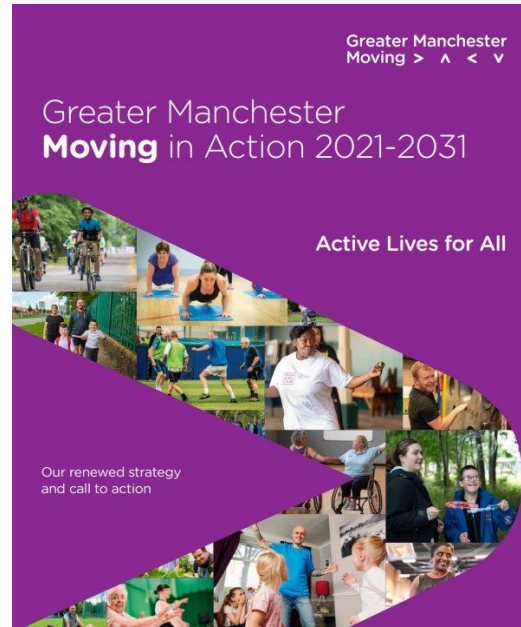
Page 81



Clarity of purpose, roles and invite to join in

Alignment and integration of strategies and approach

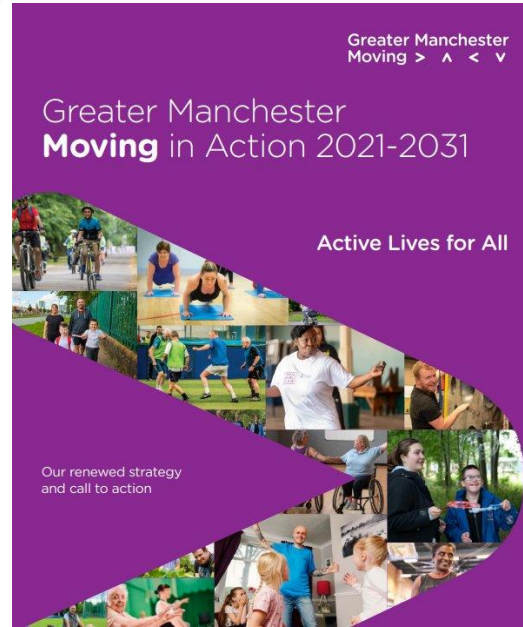
Page 82



Clarity of purpose, roles and invite to join in

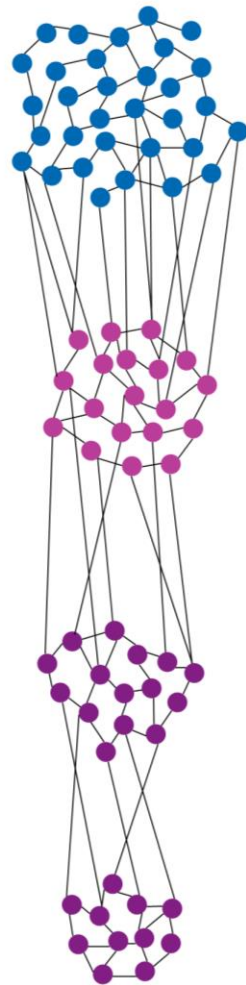
Alignment and integration of strategies and approach

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Locally led, GM supported, nationally enabled

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National

Greater Manchester City Region

Locality

Neighbourhood

Wigan

Bolton

Salford

Bury

Rochdale

Oldham

Tameside

Stockport

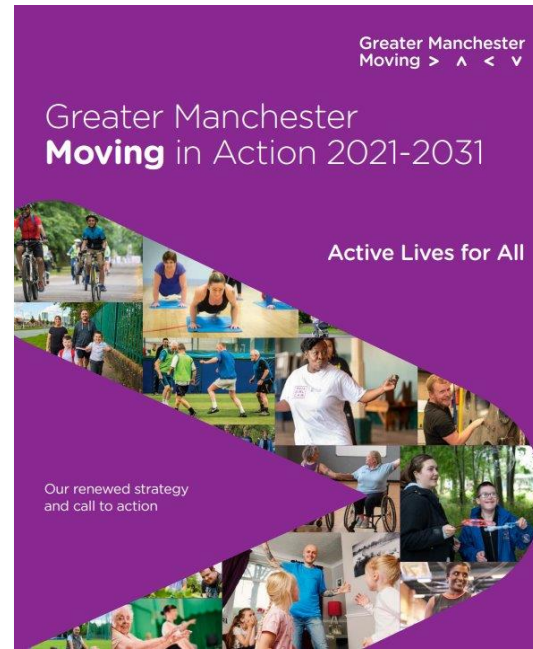
Manchester

Trafford

Now what? Deepening connections in place:

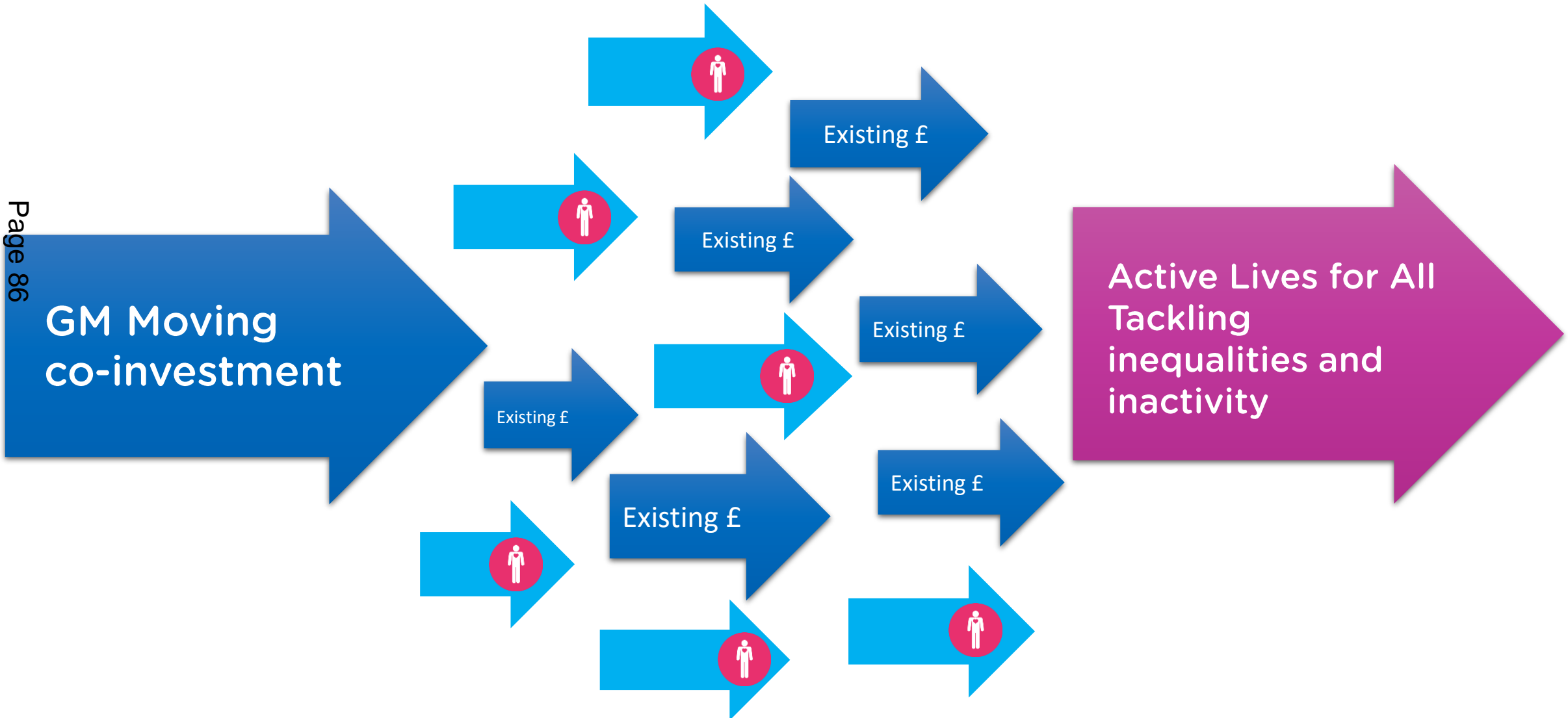
Local-national partnership and investment

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Meeting greatest needs and for sustained impact: Unlocking, pooling and targeting of resource

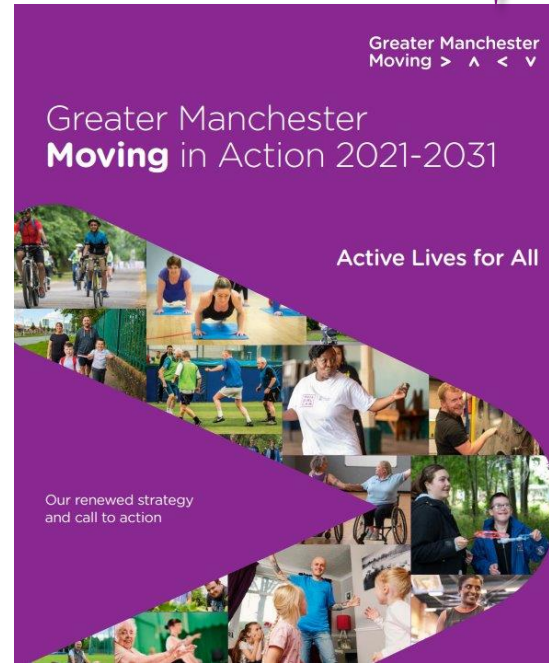
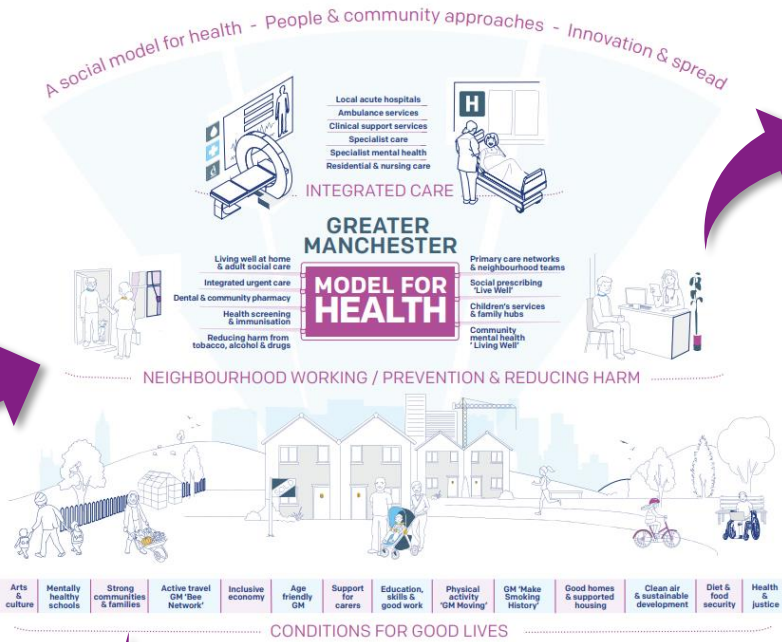
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Delivering together on health priorities

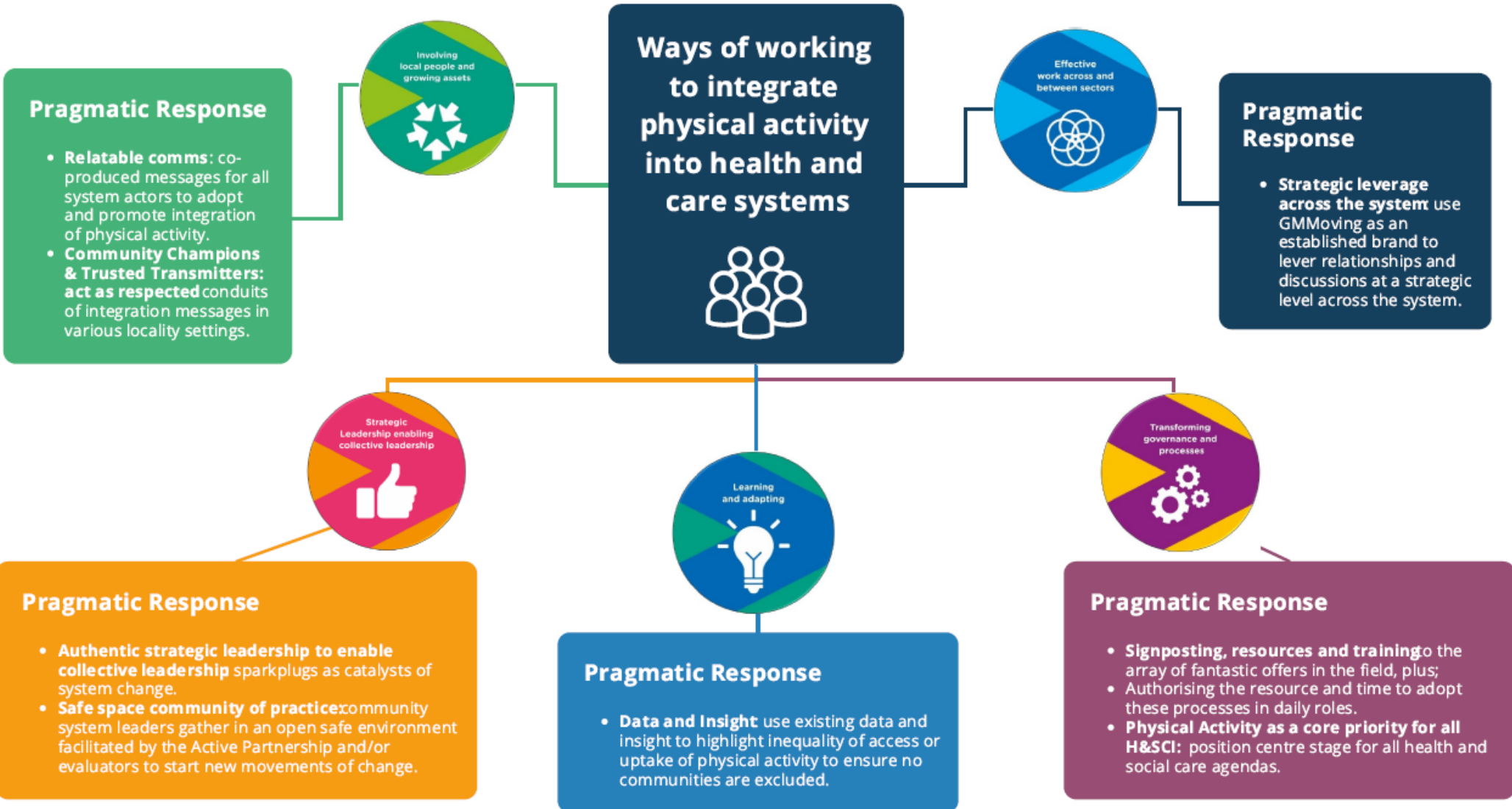
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A Social Model of Care



- Live Well
- Mental Health & Wellbeing
- Active Practices
- Deconditioning & falls prevention
- Health & Care workforce wellbeing
- Health inequalities & SEND
- Priority Clinical Pathways (Respiratory, CVD & Cancer)
- While You Wait (support for those on waiting lists)
- Women's Health Agenda

Evaluation and learning >>> Pragmatic responses and practical actions >>> Growing evidence of impact



Evaluation and learning >>> Pragmatic responses and practical actions >>> Growing evidence of impact



substance.



substance.



substance.



substance.

Physical activity, health & social care integration across Greater Manchester: evaluation

Physical activity, health & social care integration across Greater Manchester: July 20

Physical activity, health & social care integration across Greater Manchester: evaluation summary 2023 Page 89

Physical activity, health & social care integration across Greater Manchester: evaluation report 2024

Inactivity costs £26.7m per year

Inactivity rises to 33.9% in lowest income groups

55% of people in Greater Manchester want to be more physically active



Physical health and wellbeing



Adding life to years and years to life. Benefits include reduced risk of long-term health conditions.



Mental health and wellbeing



Helps lift the mood, releasing 'feel-good' endorphins, and supports long-term mental health.



Individual development



Increases school readiness, educational attainment, self-esteem, productivity and independence. Supporting social and economic inclusion.



Social and community development



Increases social trust, belonging and community participation. Improves road safety, quality of life, environment and place. Reduces loneliness.



Economic development



Generates good employment, community wealth building and productivity at work. Saves money to the public purse and reduces sickness absence.



Environmental sustainability



Promotes more sustainable living, travel and places. Contributes to decarbonisation, cleaner air and a greener, healthier environment.

> £4 for every £1 spent

Is the Social Return on investment in sport and physical activity.

> £9.59bn

Amount generated in England by improved physical and mental health.

> £14.22bn

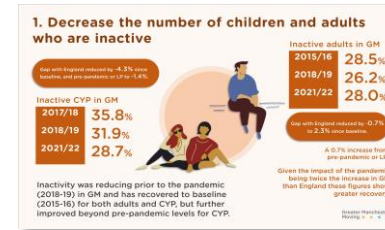
Amount that contributes nationally to enhanced social capital.

Meaningful measures for shared outcomes

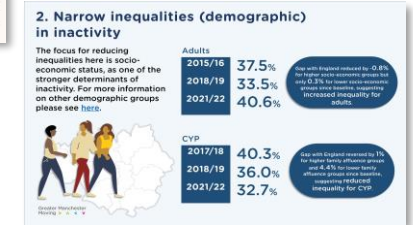


Traces of change in language and culture, ideology, belief, worldview

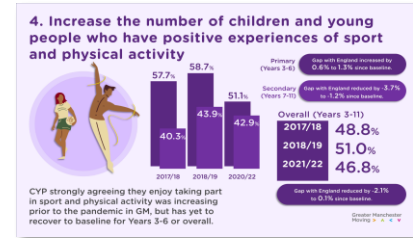
Data: Decrease in number of inactive children & adults



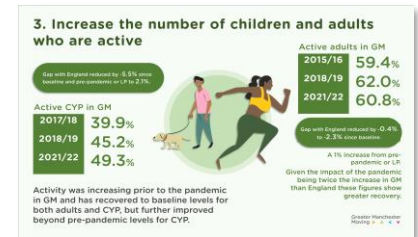
Data: Narrowing of inequalities in inactivity



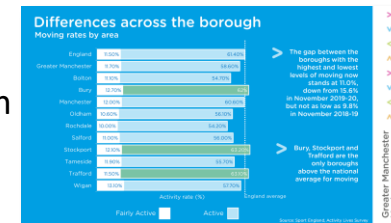
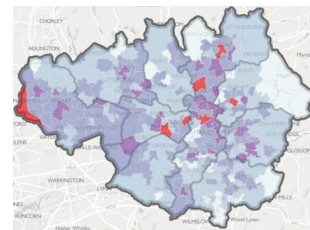
Data: Increasing positive experiences of children & young people



Data: Increase in number of active children & adults

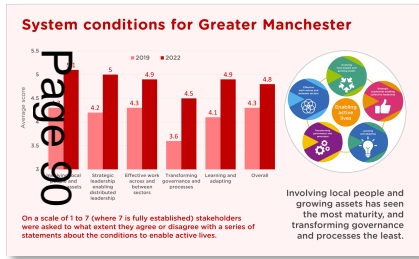


Data: Decreasing inactivity in target neighbourhoods



Data: Closing inequality gaps between places and groups

Increasing **system maturity** across five enablers



Data: Tracking the pooling & targeting of resources to meet greatest need

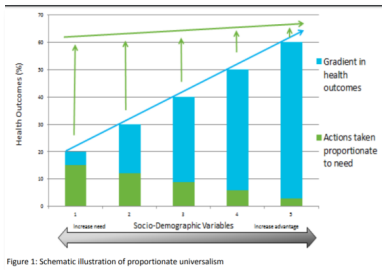
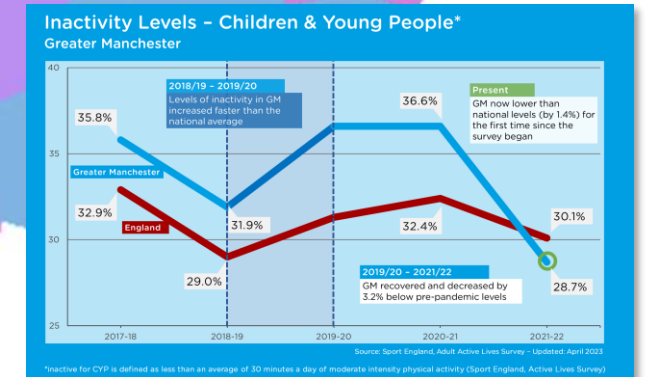
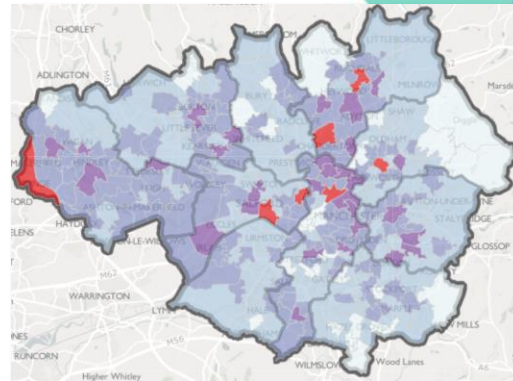
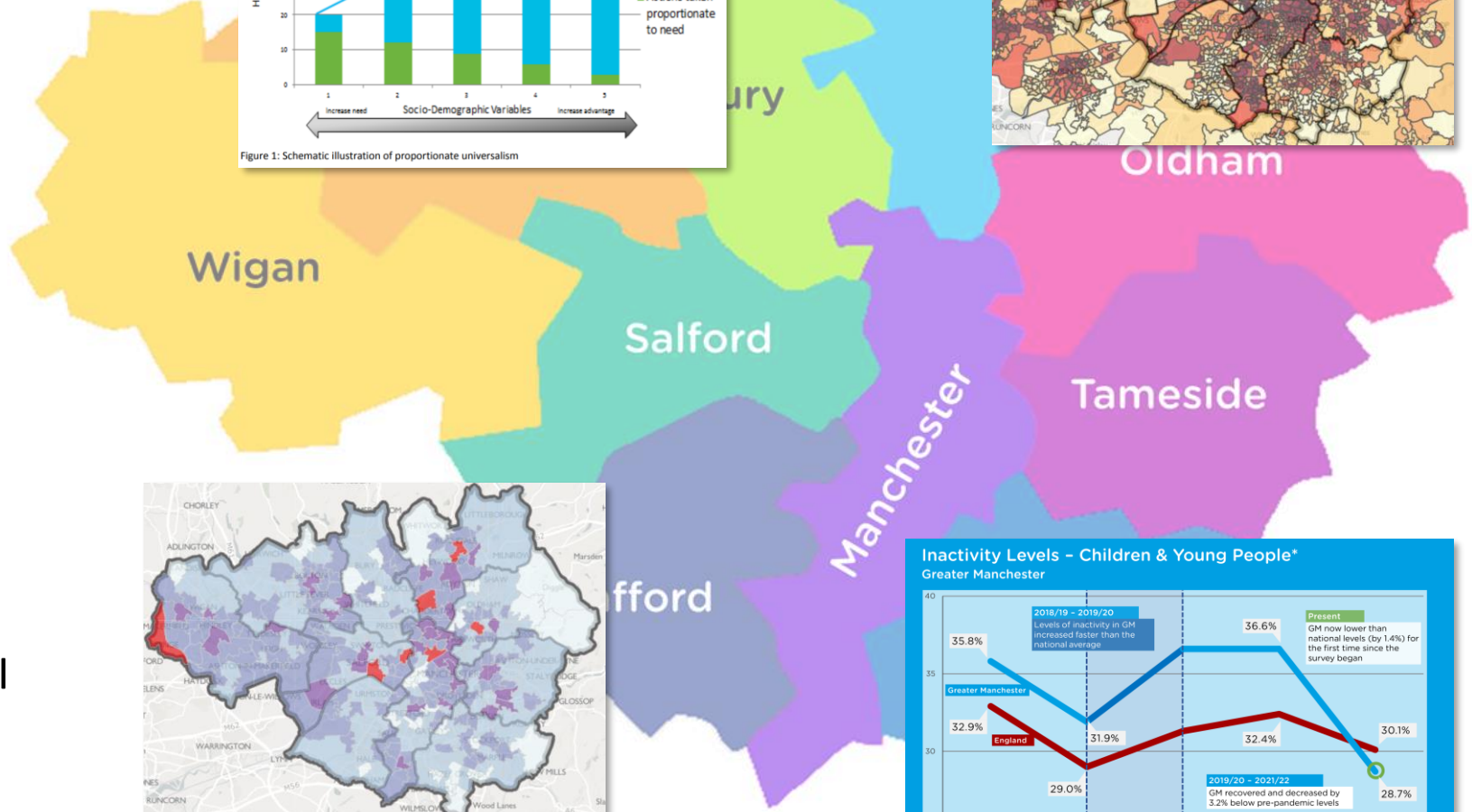
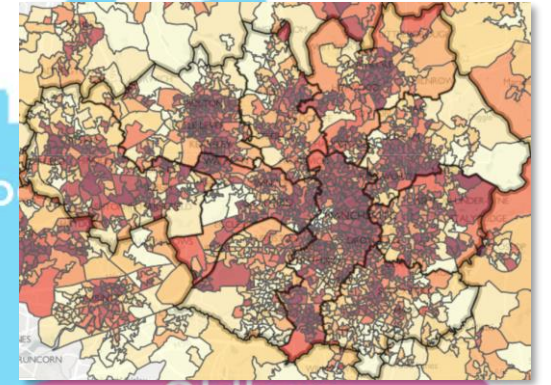
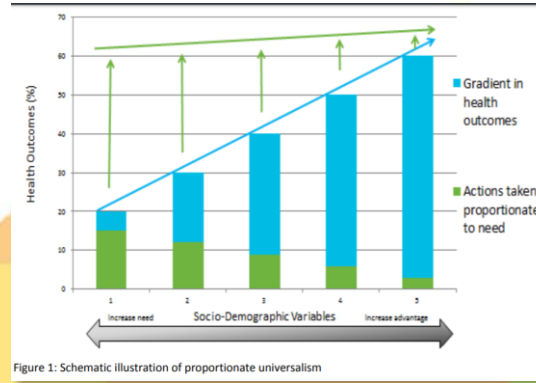


Figure 1: Schematic illustration of proportionate universalism

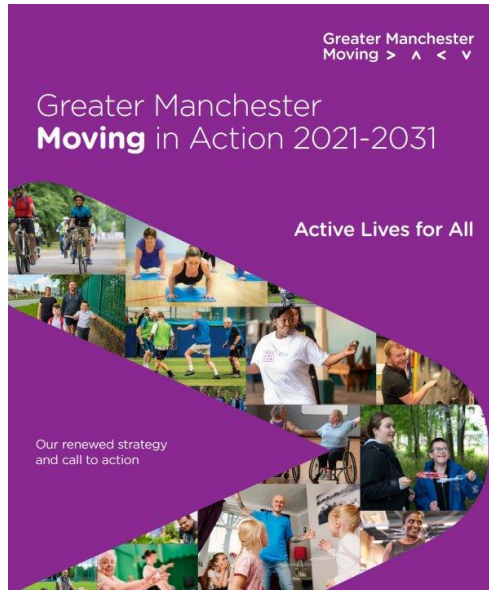
What next for data, measurement and evaluation?

- Social Return on Investment tools
- Small area estimates
- Pooling and layering of data and insight at community level
- Potential to understand contributions & aggregation?
- Understanding the impact of external forces (headwinds & threats)
- Opportunities with modelling & AI



Contribution towards delivery of GM & national missions

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GM Missions

- Live Well
- Beenetwork
- Housing First
- MBACC

National Missions

- NHS
- Growth
- Net-zero
- Safer streets
- Opportunity

We all have a role, how can you play your fullest role?



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NHS Greater Manchester Integrated Care Partnership Board

Date: 27 September

Subject: Health Innovation Manchester – three-year strategy and 23/24 annual impact report

Report of: Ben Bridgewater – CEO, HInM

PURPOSE OF REPORT: The purpose of the report is to socialise the new HInM Strategy.

RECOMMENDATIONS:

The NHS GM Integrated Care Partnership Board are requested to:

- a) Discuss the content of the report and supporting presentation, with any points requiring clarification
- b) Note the forward plan of innovation activity and links with ICS priorities and plans
- c) Discuss how HInM and ICS bodies can strengthen alignment and partnership working

Contact officers:

Name: Ben Bridgewater

Telephone:

E-Mail: Ben.bridgewater@healthinnovationmanchester.com

Name: Laura Rooney

Telephone:

E-Mail: laura.rooney@healthinnovationmanchester.com

1. Introduction

Unlocking the potential of innovation is a critical component of the ICS strategy to deliver a more efficient and effective modern health and care service, meeting the varied needs of local people, and harnessing the transformative power of digital, data, industry and academia.

Health Innovation Manchester (HInM) leads this work on behalf of the GM system, through close collaboration with health, care, academia and industry, overseen by the HInM Board of senior system leaders and global industry non-executive directors.

After a significant period of engagement and development, the HInM Board has approved HInM's next three year-strategy - *'Innovation with impact, 2024 – 2027'* - which will take Greater Manchester's collective bold ambitions for innovation discovery, development and deployment even further forward.

HInM also produces an annual impact report each year to demonstrate progress and impact across its portfolio, which is summarised within this report.

The supporting deck covers the HInM strategy, agreed innovation delivery priorities for 24/25 and impact case studies for our work on optimising use of the GM Care Record, the deployment of GM virtual wards, the obesity pathway discovery project and improving CVD outcomes through lipids optimisation.

Discussions are ongoing with the ICB and TPC regarding the systems' ability to support the transition from innovation to sustained delivery, ensuring we continue to benefit from the transformation innovation offers beyond the initial work of HInM. The group is asked to consider how HInM can continue to strengthen its relationship with ICS member organisations, including providing greater visibility of our work and supporting the sustainability of innovation into practice.

Both the HInM strategy and annual impact report are published on the HInM website

in full:

- a) [Our Strategy and Plans - Health Innovation Manchester](#)
- b) [Annual Report - Health Innovation Manchester](#)

2. Health Innovation Manchester Strategy

Following a successful period of engagement and cocreation, we have now finalised the HInM strategy for the next three years, following HInM Board approval. We have developed an updated vision statement, building on the original, which places more emphasis on the impact of innovation to local people and the system, which will in turn make GM, and indeed HInM, world leading in this space:

“Our vision is to be world leading in improving the lives of local people, transforming care and boosting the Greater Manchester economy through innovation.”

We have also developed four new strategic objectives:

1. Address high priority drivers of population health by deploying proven innovations at scale, with a major focus on primary and secondary prevention.
2. Establish GM as a global learning market for accelerated access to novel innovations at scale.
3. Optimise digital and data products and services to understand the GM population, define their needs and develop new, more efficient care models.
4. Enhance the GM system’s capacity and capability to deliver health innovation and demonstrate impact.

HInM’s future priorities include launching a major mission on tackling cardiovascular disease, harnessing innovative solutions to find, diagnose and treat patients, developing opportunities for research and innovation in mental health, optimising digital and data, and forming multi-industry partnerships across digital, medtech and life sciences.

3. HInM annual impact report 23/24

Given the breadth of projects HInM delivers, we have prioritised reporting on impacts

from our priority projects agreed with the HInM Board, and are using the HInM logic model approach, reporting outputs, outcomes and impacts as a consistent blueprint for each section.

Highlights detailed in the report include:

- **Enhancing the GM Care Record to inform patient care:** over 21,000 healthcare professionals are now accessing the Record over 270,000 times each month. This represents a 21% annual increase in usage. Accessing an up-to-date patient record that includes information from all services saves valuable time and supports more informed clinical decisions.
- **Increasing access to novel therapies for people with high cholesterol:** By the end of March 2024, 1,179 at-risk people have received a novel therapy to lower their cholesterol to prevent a heart attack or stroke. In this group, 496 people have since been reviewed and their cholesterol has been reduced by 44%.
- **Deploying virtual wards across Greater Manchester:** From February 2023 to January 2024, NHS trusts in Greater Manchester delivered over 1,000 virtual ward beds running at an average of 74% occupancy, potentially delivering a net saving of £13.8m.
- **Understanding the obesity pathway across Greater Manchester:** A first-time in-depth analysis and review of the obesity pathway in GM showed around 1 in 4 adults living with obesity with an estimated cost of obesity and related disease in GM of £3.2billion. Future work will identify where improvements can be made.



Health
Innovation
Manchester

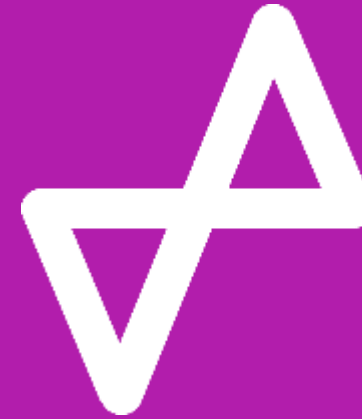
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Innovation with impact

HInM strategy - 2024/25 to
2027/28



Health Innovation Manchester's vision is to be world leading in improving the lives of local people, transforming care and boosting the economy through innovation.



Health
Innovation
Manchester





We are Health Innovation Manchester

Health Innovation Manchester is a place-based innovation organisation.

Since formation in 2017, we have evolved and integrated our operating model and method for how we deploy innovation to deliver demonstrable impact and benefits to local people, system partners and industry.

The four key elements to success are our approach to integrated governance, blending capabilities, industry partnerships and an unrelenting focus on method.

Integrated governance

Whilst we are an NHS hosted organisation, we report to an independent Board comprising the highest-level city region leadership from the NHS, GM universities, the GM Combined Authority, local authorities and influential non-executive directors from global life sciences and medtech industries.

Integrated capabilities

HInM comprises the GM Health Innovation Network (formally AHSN), the Manchester Academic Health Science Centre, the NIHR Applied Research Collaborative and the GM NHS city region digital transformation office.

Whilst recognising their distinct accountabilities, we integrate the components to deliver our mission through blended innovation activities and driving collaboration across GM partners.



Industry partnerships

Greater Manchester's past, present and future is based on compelling partnerships with industry.

We recognise that major innovation supply chain opportunities for health and life sciences are coming from the pharma, biotech and digital industries.

We focus on partnership with industry to accelerate their product lifecycle management process and thereby deliver benefit to industry, as well as accelerated benefits to local people and the health economy.

Unrelenting focus on method

We recognise that reliable delivery of innovation at pace and scale has been a challenge for healthcare systems across the world.

To drive forward our approach in Greater Manchester, we have ensured that we place data and digital approaches at the heart of everything we do, and developed an enhanced innovation method overseen by robust assurance and measurement of impact at the centre of our operating model.



Health Innovation Manchester plan on a page

Our vision

Health Innovation Manchester's vision is to be world leading in improving the lives of local people, transforming care and boosting the economy through innovation.

Impact 1:

Improve lives and outcomes for GM people by addressing the priority drivers of population health.

Impact 2:

Support a safe and sustainable GM health and care system through deployment of innovation at scale.

Impact 3:

Boost jobs and economic growth for the GM city-region through industry collaboration and partnerships.

Objective 1:

Address high priority drivers of population health by deploying proven innovations at scale, with a major focus on primary and secondary prevention.

Objective 2:

Establish GM as a global learning market for accelerated access to novel innovations at scale

Objective 3:

Optimise digital and data products and services to understand the population, define their needs and develop new models and pathways.

Objective 4:

Work with partners to enhance the GM system's capacity and capability to deliver health innovation and demonstrate impact.

Key enablers: GM Care Record, Secure Data Environment, digital transformation, industry partnerships, academic partnerships, system engagement (with commissioners, providers, patients, carers, the voluntary sector and local places), user-led design.

Foundations: OKR framework, HInM people and OD plan, innovation pipeline, innovation culture, benefits measurement



Strategic objective 1

Address high priority drivers of population health by deploying proven innovations at scale, with a major focus on primary and secondary prevention

What does this mean?

- Discover, develop, deploy innovation aligned to most significant priorities and ability to deliver ROI in 3 years
- Major mission on cardiovascular disease
- Broader cardio-renal-metabolic portfolio
- Respiratory disease deployment projects
- Discover/develop for mental health
- Deliver the national HIN activities

Strategic objective 2

Establish GM as a global learning market for accelerated access to novel innovations at scale

What does this mean?

- Improve GM's position as a global city-region for health innovation
- Develop a multi-industry consortium approach with a shared ambition
- Land more clinical trials, real world studies and early value assessments of novel products and therapies
- Attract inward investment and increase Innovate UK grant awards
- Work with academic partners and NIHR bodies



Strategic objective 3

Optimise digital and data products and services to understand the population, define their needs and develop new models and pathways

What does this mean?

- Digital and data will continue to underpin everything we do
- Continue to grow and enhance the GM Care Record for direct care and research, including optimising cohort finding
- Mobilise a full SDE service and attract investment
- Digital industry partnerships to support a shift towards prevention and secondary prevention
- Understand the art of the possible in AI automatic and next generation computing

Strategic objective 4

Work with partners to enhance the GM system's capacity and capability to deliver health innovation and demonstrate impact

What does this mean?

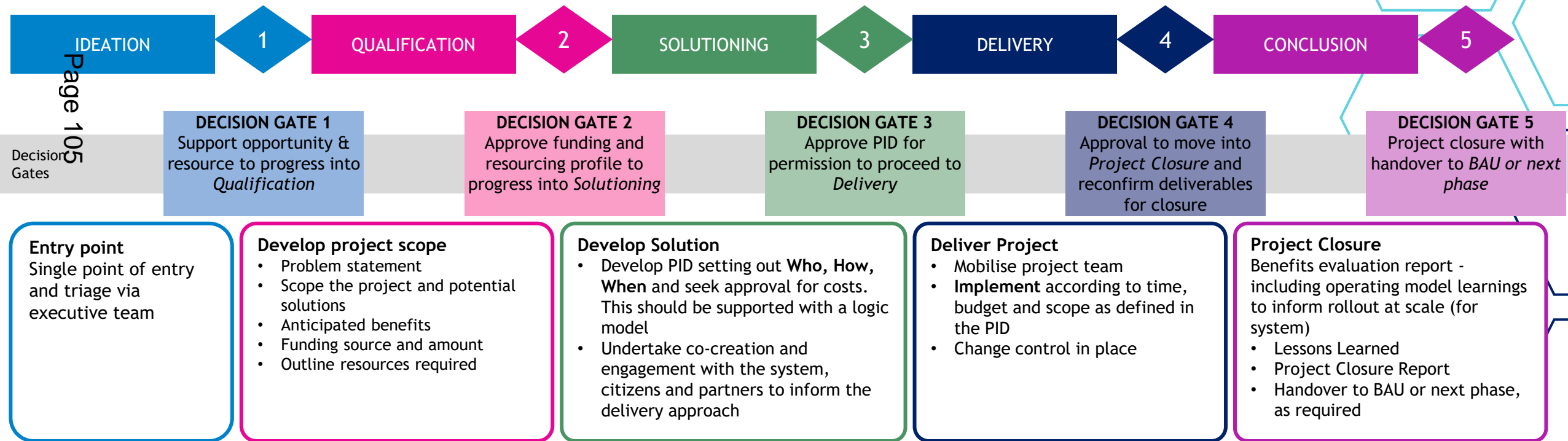
- Help the system to become better at adopting innovation and improving handover to 'business as usual'
- Increase capacity and capability for research and innovation across the system
- Continue to improve our own method and approach to deliver impact
- Deploy the HInM People Plan
- Develop and deploy the outcomes and key results OKR framework across the business



Our delivery is underpinned by a rigorous method

Delivery of our innovation activities is underpinned by our robust innovation pipeline method and approach, taking best practice from the tech industry and applying that into practice. This ensures an appropriate level of accountability and decision making, robust governance and assurance, and drives up delivery standards and effectiveness, as well as builds in benefits realisation from the beginning.

We adapt our approach according to the problems we are solving and solutions we are deploying, and have developed a critical set of capabilities and assets that we utilise as part of our overall offer back to the health and care system, academia and industry. It is our blend of in-depth healthcare, industry, digital, academia and engagement expertise that adds value to our partners.





Demonstrating our impact - logic model approach



	Outputs (Year1)	Outcomes (Years 2-3)	Impacts (Years 3+)
	<i>Measurable/quantifiable results or deliverables from the intervention</i>	<i>What the programme and initiative lead to Short/medium term consequences</i>	<i>Longer term changes in wider contextual factors/issues</i>
FISCAL	<ul style="list-style-type: none">• Shared understanding of population health costs, service capacity and demand, and ROI from intervention• ADSP and SDE platforms fully operational, with a commercial model• Increased leveraged funding and resources from industry and Government agencies	<ul style="list-style-type: none">• Increased clinical trials and real world studies• Faster access to new products, diagnosis and treatment• Optimisation of new medicines and therapeutics• Increased efficiency and effectiveness of care models, pathways and services• Increased academic grants	<ul style="list-style-type: none">• Health and care cost reduction• Admission avoidance• Reduced length of stay• Optimising clinical capacity for direct care• Reduction in demand for care
SOCIETAL	<ul style="list-style-type: none">• Clear evidence base for intervention• Structured deployment method• Cohort finding and risk stratification• Blueprint care models and new clinical guidelines• Demonstrable relational improvements, system capacity and capability to deliver research and innovation	<ul style="list-style-type: none">• Improved standard, reduced unwarranted variation• Targeted intervention and precision medicine• Deployment of proven innovation and technology at scale• Enhanced expertise in health economics, analytics, AI, predictive modelling• Increased clinical standards• Academic publications	<ul style="list-style-type: none">• Improved health outcomes• Improved care and treatment• Improved patient outcomes and experience• Improved quality of care• Equity of access and care across the system• Better management of long-term conditions and disease progression, including self-management
ECONOMIC	<ul style="list-style-type: none">• Deeper understanding of productivity loss against key drivers of population health	<ul style="list-style-type: none">• Increased inward investment• Increased foreign direct investment• Increased productivity and employment• Jobs creation	<ul style="list-style-type: none">• Economic growth• Growth in highly skilled jobs• Growth in GVA from health innovation• Accelerated market access for industry

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FISCAL



Innovation portfolio 24/25



Population health priority innovation projects

Cardiovascular disease

CVD health economic analysis

Strategic industry partnerships programme

Lipids - point of care testing, medicines optimisation (including Inclisiran)

National familial hypercholesterolemia, and blood pressure optimisation

Novel diagnostics for heart failure - risk calculator (discovery)

Chest Pain - PoC Troponin testing (discovery)

GMCR heart failure care plan and patient held app

BHF inequalities project (bid stage)

Cardio-renal-metabolic

Obesity discovery and reimagine programme

Obesity tier 3 digital and therapies transformation (pending)

Weight management drug real world study (pending)

Chronic Kidney Disease

National CKD project

Optimising Diabetes in GM (ODIN)

Early detection of liver disease

Respiratory

Remote Spirometry - community diagnostics (PoV)

Lung cancer screening - underserved communities

Improving respiratory outcomes in primary care

Mental health

Research and innovation discovery project

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Underpinned by the GM Care Record and GM Secure Data Environment



Priority industry and digital innovation projects

GM Care Record

Optimising the GMCR at the point of care (% increase TBC)

Increasing data feeds, data access and improving quality

GMCR product development - integrated care plans

Proof of value for dementia and heart failure

Proof of value for personal held record

System-wide deployment of integrated care plans (TBC)

Dementia, heart failure, end of life, frailty

Secure Data Environment

SDE programme development

Progression of 'alpha' service and academic and industry projects

Development of the beta service

GM SDE live service mobilisation

North West SDE programme

Industry partnerships

Strategic industry partnerships programme

GM health innovation accelerator year 2 delivery

Commercial model for the GM Secure Data Environment

SME engagement programme

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Other digital projects

Digital first primary care

Digital workforce

Digital inclusion

NHS at Home at scale (TBC)



Impact case studies



Enhancing the GM Care Record to inform better patient care

The GM Care Record (GMCR) provides frontline staff with access to vital and up to date information from across GP practices, hospitals and other care providers so they can make better decisions about what care and treatment needs to be provided.

The aim of the GMCR project was to increase clinical use of the GMCR by 20%, to support frontline staff to deliver care and reduce the amount of time spent tracking down important information or repeatedly asking patients.



Key outputs

- Launched new digital care plans for dementia and heart failure - proof of value in Tameside and Glossop
- Launched the My GM Care app for patients to be able to view and contribute to their own care
- Increased access to information with new data feeds and granting access to community pharmacies



Key outcomes

- The GMCR is now used by more than 21,000 frontline staff to support 270,000 patient episodes each month. We have seen a 21% increase in users accessing the GMCR from 22/23 to 23/24.
- 4 condition specific digital care plans have been developed and deployed in proof of value localities, with over 2,900 plans now completed
- My GM Care app launched to 13,000 residents in Tameside. Over 700 downloads on first day and over 400 patient contributions daily



Key impacts

Time saving of £10m each year based on current usage rates



Increasing access to novel therapies for people with high cholesterol

The prevalence of cardiovascular disease in Greater Manchester is disproportionately higher than the rest of the country.

The aim of this project was to optimise the lipids pathway across Greater Manchester, including the targeted deployment of medicines and novel therapies to reduce cholesterol in high-risk groups - delivered through primary care, taking a population health approach.



Key outputs

- Published codesigned clinical pathways and training materials to aid medication reviews
- Developed digital tools to support cohort finding and track delivery in real time
- Mobilised a primary care delivery model with a blueprint approach
- Tracked patient outcomes through the GM Care Record, with an inequalities lens



Key outcomes

- Identified an eligible cohort of 18,904 people for medication reviews and potentially novel therapies
- Enrolled 170 general practices in the primary care delivery model
- Number of new medication orders placed: 4,964 (July 22- March 24)
- 1,179 people have received access to novel therapies, which is approximately 6% of the eligible population at that time



Key impacts

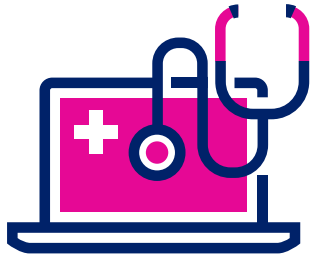
- In very high-risk patients a novel medication has been shown to further reduce LDL cholesterol by 44%
- Novel therapies used alongside standard treatment has the potential to prevent approx. 80 heart attacks and stroke over 5 years in GM and save the NHS at least £2 million - based on modelling a cohort of 5000 patients.



Deploying virtual wards across Greater Manchester

Virtual wards are a new transformational model of care intended to provide acute care and support to patients in their own homes enabled by technology, as an alternative to a hospital stay.

The aim of the project was to design a model for virtual wards across Greater Manchester and support providers to deploy it across the system to deliver 1095 virtual ward beds by March 2024.



Key outputs

- Published a GM virtual wards blueprint based on a standard network model across providers to achieve economies of scale
- Codesigned standard clinical pathways, definitions and data sets to encourage common standards
- Launched an insight-driven communications campaign to raise awareness of virtual wards across the system and to the public
- Completed a HInM benefits analysis and UoM-led independent evaluation



Key outcomes

- Over 12 months, GM trusts reported delivering more than 1000 virtual ward beds, running at an average of 74% occupancy - this is a tripling of the bed occupancy.
- Through this same period, GM virtual wards supported 33,000 patients, saving 96,000 hospital bed days.
- Whilst the reported costs of a general hospital ward bed are £536 a day, provider reported costs of virtual ward bed days in GM average £133 a day.



Key impacts (estimated)

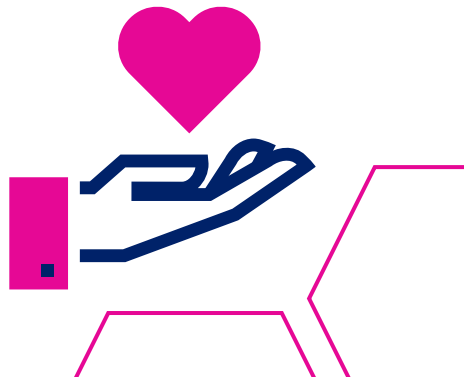
- Avoided ambulance conveyance - 11,000
- Avoided hospital admissions - 16,000
- A&E attendances avoided - 28,000
- The potential net saving to the system is estimated to be £13.8 million compared to traditional hospital care models (compared to the cost of a hospital stay).



Understanding the obesity pathway across Greater Manchester

Obesity is a complex chronic condition with close association with the major drivers of population health including heart disease, stroke and diabetes.

The aim of the project was to deepen understanding of the total cost of obesity to the GM system, the current status of weight management and obesity services provision, as well as the potential impact of introducing alternative models of care and novel medicines.



Key outputs

- Completed a detailed report on service mapping of weight management provision across GM, from tier 1 to 4
- Developed a health economic analysis on the full costs of obesity to the GM system
- Reimagined how tier 3 provision could optimise new technologies and novel medicines, modelling capacity and demand costs
- Developed a public attitudes and experiences report of peoples' lived experience and barriers to accessing care and support.



Key outcomes

- Obesity costs the GM system £3.2bn per year in direct health and care costs and wider productivity losses
- Around 1 in 4 adults in GM live with obesity - (27.1%), and £5297 is the average cost per person living with obesity.
- Demand for services is outstripping capacity - 17,313 referrals to T3 (10.1% eligible population), and only 28% go on to enrol in the service.
- Waiting times for services - 12 months for T3, 18 months for T4
- Stigma and language are real barriers for patients seeking care and treatment.



Key impacts (potential)

- Reducing obesity prevalence could have an economic impact of up to £440m - predominately realised by improving productivity.
- Reimagine tier 3 services optimising digital technology and novel medicines for eligible cohorts - promoting increased equity of access and outcomes