INTEGRATED CARE PARTNERSHIP BOARD

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

PRESENT:

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

Officers Present:

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

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

ICPB/01/22 NOMINATION FOR CHAIR OF PARTNERSHIP BOARD

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

RESOLVED/-

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

ICPB/02/22 WELCOME AND APOLOGIES

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

ICPB/03/22 DECLARATIONS OF INTEREST

There were none

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

RESOLVED/-

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

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

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

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

Comments and Questions

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

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

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

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

RESOLVED/-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Comments and Questions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RESOLVED/-

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

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

3. That Members continued to identify other opportunities for action to mitigate the impact of the cost-of-living crisis on health outcomes and health and care services in GM.
4. That GM ICP Officers liaise with the GM Mayor on concerns around home-based life support apparatus ahead of his meeting with energy providers.
5. That the potential for further support for NHS and Social Care staff be picked up through the People's Board and Real Living Wage Board.

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

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

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

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

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

Comments and Questions

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

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

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

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

RESOLVED/-

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

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

ICPB/08/22 ANY OTHER BUSINESS

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