

**MINUTES OF THE MEETING OF THE
NHS GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP BOARD
HELD FRIDAY, 30TH JUNE, 2023 AT CONFERENCE ROOMS 1 & 2 - (GREATER
MANCHESTER PENSION FUND BUILDING), GUARDSMAN TONY DOWNES HOUSE,
5 MANCHESTER ROAD, DROYLSDEN, M43 6SF**

PRESENT

City Mayor Paul Dennett	Salford Council (Chair)
GM Mayor Andy Burnham	GMCA
Councillor Thomas Robinson	Manchester
Councillor Barbara Brownridge	Oldham Council
Councillor Daalat Ali	Rochdale
Councillor Eleanor Wills	Tameside
Councillor Jane Slater	Trafford Council
Councillor Keith Cunliffe	Wigan MBC
Mark Fisher	NHS GM Integrated Care
Warren Heppollette	NHS GM Integrated Care
Paul Lynch	NHS GM Integrated Care
Professor Manisha Kumar	NHS GM Integrated Care
Alexia Mitton	NHS GM Integrated Care
Claire Norman	NHS GM Integrated Care
Lynzi Shepherd	NHS GM Integrated Care
Professor Renote	NHS GM Integrated Care
Zoe Porter	NHS GM Integrated Care
Debra Thompson	NHS GM Integrated Care
Gill Gibson	NHS GM Integrated Care
Eamonn Boylan	GMCA
Gillian Duckworth	GMCA
Elaine Mottershead	GMCA

Debbie Watson	GM Directors of Public Health
Joanne Roney	Manchester City Council
Stephanie Butterworth	Tameside Adult Services
Lynne Stafford	Voluntary, Community & Social Enterprise Sector
Heather Fairfield	Healthwatch Greater Manchester
Janet Crofts	GM Primary Care
Luvjit Kandula	GM Primary Care
James Bull	UNISON
Rowena Burns	Health Innovation Manchester
Kathy Cowell	Provider Federation
Daniel Benjamin	Provider Federation

ICPB/14/23 WELCOME AND APOLOGIES

RESOLVED /-

That apologies be received and noted from Sir Richard Leese (NHS GM Integrated Care), Councillor Bev Craig (Manchester), Councillor John Merry (Salford), Chris McLoughlin (Stockport), Janet Wilkinson (NHS GM Integrated Care) and Evelyn Asante-Mensah (Provider Federation).

ICPB/15/23 CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS

There were no Chair's announcements or urgent business.

ICPB/16/23 DECLARATIONS OF INTEREST

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

ICPB/17/23 MINUTES OF THE PREVIOUS MEETING HELD ON 24 MARCH 2023

RESOLVED /-

That the minutes of the meeting held on 24 March 2023 be approved as a correct record.

ICPB/18/23 JOINT FORWARD PLAN

The Joint Forward Plan was presented by Warren Heppolette, Chief Officer for Strategy and Innovation, NHS GM Integrated Care. This statutory document had been drawn up to meet national requirements and as the delivery plan for the strategy. The ambitious structure was based on the six missions detailed in the strategy and had been tested and informed by Locality Boards and system wide programmes. The deadline for formal submission of the Forward Plan was today but this was being viewed as a milestone, rather than a date for conclusion, given that there was still ongoing work to be done.

Four points were highlighted:

- There was an immense amount of detail and content that needed to be phased appropriately.
- The main activity was on finalising performance frameworks and key metrics would be needed to measure successful implementation.
- There was recognition of the leadership review and the need for clarity around the operating model and accountability for delivery.
- Further work on planning for financial sustainability would be required and should be completed by the end of September.

Questions and Comments

- It was noted that the challenge to strengthen accountability was evident in this latest draft.
- There were various comments around the need for financial sustainability and how this would underpin planning across the whole system. Some of the financial challenges had been inherited and this should be explicit. The financial element of the strategy and Forward Plan was viewed as one of the highest priorities in being able to meet the ambitious outcomes set out in the strategy. The plan should be viewed as business-

as-usual and not additional services so that some of the financial provision was inherent. Everyone should be an advocate for the ambitions set out.

- Paragraph 8.3.3. (page 99) refers to mental health being “historically under-invested”. It was suggested that this could be strengthened by referring to the specific amount of under-investment.
- There should be a shift away from the cycle of waiting lists and inherent pressures. The challenges should not be under-estimated and support would be needed from members of the board. The Integrated Care partners would need to act as one if health outcomes were to be improved.
- A decisive move to prevention was needed, looking at where changes could be made to primary care. There needed to be a real willingness in primary care to work differently. Whilst there were still clearly developments and plans to be finalised, the services should not feel frozen in terms of transformation and should still move ahead. There was a mix of in terms of the current position of different services but there was an ambition that enthusiastic advocates would encourage progress with others.
- A member raised concerns about reaching marginalised groups e.g. where perhaps a particular community was not recognised and there were barriers to using particular services. Whilst there had been some equality proofing, there were limits as to how much could be done within the strategy. More could be achieved at a neighbourhood level. Lessons learned during Covid and the vaccination programme were given as an example of how services were tailored locally to particular communities.
- Primary care was increasingly dealing with additional problems for patients, for example, housing issues and domestic violence. More could be done if there was a drive to change and additional funding and resources were made available.
- The approach to develop further partnerships between the voluntary sector and primary care needed to be considered so that they work alongside each other in neighbourhoods.
- The approach to commissioning should be reviewed as this could drive some efficiencies.

RESOLVED /-

1. That the draft Joint Forward Plan be noted.
2. That the comments provided by the Committee be considered for inclusion in a future draft.

ICPB/19/23 IMPLEMENTING THE INTEGRATED CARE STRATEGY - STRONGER COMMUNITIES MISSION

This was the first paper presented to the Committee relating to the implementation of the strategy in consideration of what actions could be taken to deliver each of the missions. It focussed on Mission 1 – Strengthening our Communities.

There was a defined neighbourhood model published in 2019 and, whilst some progress had been made since then, there was now an opportunity to look deeper into neighbourhood working and take a different approach. The Greater Manchester Reform Delivery Executive had commissioned stock-take and lessons-learned exercises which had helped to shape the priorities along with follow-up discussions across Greater Manchester to look at key themes. There were some great examples of integration but, in other areas, there was a fear of losing autonomy. The ambition set out was for reform, innovation, integration, and equity.

There were some agreed areas of focus including the Live Well programme. This had highlighted how feeling lonely could result in multiple ill-health effects and was aimed at giving residents the opportunity to access activities and support and to feel connected. A funding bid had been made to the National Lottery for five accelerator sites for the Live Well programme to build district-based budgets for community led and determined prevention activity.

Another area of focus was around trauma response, safety and violence reduction to increase identification and support for victims. There was discussion around initiatives

such as the UniteHER programme and the impact of ADViSE on disclosure rates of domestic violence and abuse in sexual health clinics. Violence reduction approaches should be embedded in the whole system.

RESOLVED /-

That the update and discussion on Mission 1 – Strengthening our Communities be noted.

ICPB/20/23 GREATER MANCHESTER MENTAL HEALTH & WELLBEING STRATEGY

The Chair requested that this item be deferred for either a future meeting or for discussion separately, outside of the meeting.

A Committee member raised awareness of the Baton of Hope (www.batonofhopeuk.org) which was welcomed to Greater Manchester earlier this week. The vision for the Baton of Hope initiative was a zero-suicide society and for suicide prevention to be openly and widely discussed. The links between this and the earlier discussion about violence reduction were noted. The Trades Union representative reported that there had been a rise in violence incidents in the care industry and that hybrid working had also exacerbated some situations for members. Funding had been applied for relating to a project in Wigan about awareness training for all levels of staff to identify victims of violence.

RESOLVED /-

That arrangements be made for the Greater Manchester Mental Health & Wellbeing Strategy paper to be deferred to a future meeting and/or discussed separately.

ICPB/21/23 FORWARD PLAN FOR NHS GM INTEGRATED CARE PARTNERSHIP BOARD

The Forward Plan for development of the Integrated Care Partnership Board had been circulated. The suggestion was to ensure that engagement drives the work of the Board and that mechanisms should be established to drive the agenda and inform discussions

and work between Board meetings. There could also be additional single-subject or themed sessions.

RESOLVED /-

That the proposals for the Forward Plan be noted.