

**MINUTES OF THE GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP
BOARD HELD ON 29 NOVEMBER 2024**

PRESENT

Mayor Andy Burnham	GMCA (Chair)
Councillor Sean Fielding	Bolton Council
Councillor Thomas Robinson	Manchester City Council
Councillor Barbara Brownridge	Oldham Council
Councillor Daalat Ali	Rochdale Council
Councillor John Merry	Salford City Council
Councillor Mark Roberts	Stockport Council
Councillor Jane Slater	Trafford Council
Councillor Keith Cunliffe	Wigan Council
Caroline Simpson	GMCA
Jane Forrest	GMCA
Eve Holt	GMCA
Paul McGarry	GMCA
Ed Flanagan	GMCA
Rob Bellingham	NHS GM Integrated Care
Tom Hinchcliffe	NHS GM Integrated Care
Warren Heppolette	NHS GM Integrated Care
Mark Fisher	NHS GM Integrated Care
Colin Scales	NHS GM Integrated Care
Luvjit Kandula	GM Primary Care Provider Board
Dr Nikesh Vallabh	GM Primary Care
Edna Robinson	VCFSE
Beth Mitchell	GM Ageing Hub
Alison McKenzie-Folan	Wigan Council
Stephanie Butterworth	DASS

Joanne Street
Fiona Noden
Ben Bridgewater
Mary Fleming

NHS GM Integrated Care
Bolton NHS Foundation Trust
Health Innovation Manchester
Wrightington, Wigan and Leigh NHS
Foundation Trust

ICPB/28/24 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting.

RESOLVED /-

That apologies be received and noted from Sir Richard Leese (NHS GM), Heather Fairfield (GM Healthwatch) and Mark Britnell (Health Innovation Manchester).

ICPB/29/24 CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS

The Chair reported that a submission had been made by the Department of Work and Pensions to explore the feasibility of DWP representation on the Integrated Care Partnership Board. It was noted that as per its terms of reference, it was for the ICPB to consider and approve such a request.

RESOLVED /-

That the membership of the NHS GM Integrated Care Partnership Board be extended to include a nominated representative of the Department of Work and Pensions.

ICPB/30/24 DECLARATIONS OF INTEREST

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

**ICPB/31/24 MINUTES OF THE PREVIOUS MEETING HELD ON 27 SEPTEMBER
2024**

RESOLVED /-

That the minutes of the meeting held on 27 September 2024 be approved as a correct record.

**ICPB/32/24 GM URGENT AND EMERGENCY CARE 4 HOUR STANDARD OF
CARE PERFORMANCE**

Colin Scales, Deputy Chief Executive NHS Greater Manchester presented a report providing a comprehensive update on the Urgent & Emergency Care (UEC) 4-hour Standard of Care Performance for NHS Greater Manchester (GM). It outlined the current performance, factors affecting UEC performance, improvement work underway, along with the next steps for UEC improvement within the context of wider public service reform.

A discussion ensued in which the following points were raised.

- Overall performance was below national averages prior to the pandemic which exacerbated the situation further.
- Solutions would require a whole GM system approach, not just from health and care but all partners.
- The Live Well agenda would help, with GM being given inactivity trailblazer status by the Government and £10m to support this initiative. Data sharing would be required between partners including DWP and the NHS to assess who used services most and what support could be given to support them better.
- Poor population health was the cause of increased demand for health services. The reasons for this and the solutions were wide ranging and included poor housing.

- In addition to increasing demand for health services, challenges discharging medically fit patients due to a lack of intermediate care to send them to was also an issue. It was reported that roughly 20% of patients in GM hospitals were medically fit to be discharged.
- Good practice examples throughout GM were noted, such as the ability to discharge medically fit patients in Bolton requiring intermediate care to prearranged private sector social care beds. It was recognised that more work was needed to identify this type of good practice and apply it across GM, with local variations to suit the needs of individual communities.
- It was suggested that from a local authority perspective, the Integrated Care Board should put greater emphasis on the practice of close working with Councils and supporting innovation in districts. It was suggested that this was currently facing some challenges given pressures on funding to support locality innovation.
- It was proposed that addressing the 20% of patients in hospitals awaiting discharge for social care rather than for medical reasons should be addressed first, as the solutions were within the gift of the ICPB membership.
- It was noted that shortfalls in the primary care system also contributed to increased demand at A&E. Ideally 24 hour patient access to alternative services was seen as the way to take pressure away from the 24 hour A&E service.

RESOLVED /-

1. That the performance of Greater Manchester against the urgent and emergency care 4-hour standard of care be noted.
2. That GM's performance with reference to the improvement work which is already underway be noted along with the opportunities to leverage Live Well and collaboration between the Greater Manchester Integrated Care Board and the Greater Manchester Combined Authority.

3. That this item become a standing item at future NHS GM Integrated Care Partnership Board meetings, being the first item of business. That future updates include whole system performance rather than just those of NHS GM.
4. That a sub-group of this board be convened to meet monthly to consider in detail the issues raised and propose solutions to be considered at NHS GM Integrated Care Partnership Board meetings.

ICPB/33/24 PREVENTION DEMONSTRATOR

Warren Heppolette, Chief Officer, Strategy and Innovation, NHS GM and Jane Forrest, Director of Public Service Reform, GMCA presented a report on the work of the Integrated Care Partnership, working within a Mayoral Combined Authority to boost economic growth and improve health through a focus on people, prevention and place, particularly in the context of further devolution. The proposals brought existing plans and delivery together around prevention and examined a specific opportunity to make an 'offer' to Government for GM to deliver a 'Prevention Demonstrator'.

The points raised in the discussion that following included: -

- The economics of prevention needed to be understood to address the population health crisis and ensure preventative services and support were operating at the right scale. Partners were contributing to increased demand by inadequately funding prevention.
- A whole system approach was required to address prevention bringing together services including family support, age well, housing, health and wellbeing and the VCFSE sector.
- It was noted that a presenting need of potentially 30% of those contacting their GPs was social rather than medical.
- Addressing prevention was essential to take the pressure off NHS services and also for economic growth in GM.
- A live well with dementia and dementia prevention strand was suggested.

- It was noted that the VCFSE sector had a proven track record of delivery in this area. Communities needed to create their own solutions that worked for them within a GM framework.

RESOLVED /-

That the following actions be supported: -

1. To continue to develop the proposition at pace working with GM partners and Government.
2. To continue to develop a Prevention Demonstrator proposition for inclusion as an intention in the Devolution White Paper.
3. To further engage with Leaders and Chief Executives on long-term GM plans for Growth and Prevention (including associated outcomes) working towards 10-year prevention plans.

ICPB/34/24 GREATER MANCHESTER AGE FRIENDLY STRATEGY

Beth Michell, Ageing Well Programme Manager, Greater Manchester Ageing Hub and Dr Nikesh Vallabh, NHS GM presented a report on the GM Age Friendly Strategy (2024-2034), its alignment with the GM Strategy and the role of the Integrated Care Partnership and NHS Greater Manchester in delivering the strategy's objectives. It was noted that the Age Friendly Strategy consisted of four main themes: -

- Economy, work and money
- Places
- Ageing Well
- Working Together

The report also detailed the work being undertaken on falls prevention with the GM Falls Collaborative.

The points raised in the discussion that following included: -

- There was positive practice by PCNs targeting those at highest risk of poor outcomes from falls not already known by the PCN. Those at highest risk of needing unplanned support.
- A pilot project was underway with Leeds University, with evaluation support from Manchester University on targeting those at highest risk of falls in the future. If proof of concept was achieved, it was proposed that the initiative be rolled out across GM. It was recognised that identifying and supporting those at greatest risk of falls would reduce demand for emergency care in the future. It was also recognised that this group included people of all ages and backgrounds, so a one size fits all approach to prevention would not be appropriate.
- It was acknowledged that current funding models focussed on addressing problems as they arose rather than preventing the problems in the first place. This approach was more expensive and much worse for those impacted by falls.

RESOLVED /-

1. That the role and contribution be noted of the GM Integrated Care Partnership and NHS Greater Manchester as partners in the GM Age-Friendly Strategy 2024-2034, agreeing the delivery and oversight of this via the Ageing Well Steering Group.
2. That the development be supported of a shared approach and investment case for everyday support in neighbourhoods that embeds preventative age-friendly responses within Greater Manchester's Live Well agenda; a blueprint for "Live Well in later life". Demonstrating the impact on key pressures in the health and

social care system, such as through an integrated system-wide approach to falls prevention.

ICPB/35/24 DATE AND TIME OF NEXT MEETING

1:00pm on Friday 28 February 2025