

**MINUTES OF THE GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP
BOARD MEETING HELD ON 7 NOVEMBER, 2025**

PRESENT

Mayor Andy Burnham	GMCA (Chair)
Charlotte Bailey	NHS GM
Councillor Sean Fielding	Bolton Council
Councillor Tamoor Tariq	Bury Council
Councillor Tom Robinson	Manchester City Council
Councillor Barbara Brownridge	Oldham Council
Councillor Taf Sharif	Tameside Council
Councillor Jane Slater	Trafford Council
Caroline Simpson	GMCA
Gill Duckworth	GMCA
Jane Forrest	GMCA
Eve Holt	GMCA
Ed Flanagan	GMCA
Warren Heppollette	GMCA
Steve Wilson	GMCA
Stephanie Butterworth	DASS
Tom Hinchliffe	Manchester City Council
Noel Sharpe	Bolton at Homes
Chris McLoughlin	Stockport Council
Alison Page	VCFSSE Sector
Tracey Vell	GM Primary Care Board
Heather Etheridge	GM Healthwatch
Danielle Ruane	GM Healthwatch
Paul Lynch	NHS GM

Sandra Croasdale

NHS GM

Joanne Street

NHS GM

David Boulger

NHS GM

ICPB/30/25 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting.

RESOLVED /-

That apologies be received and noted from Sir Richard Leese (NHS GM), Mark Fisher (NHS GM), Cllr Keith Cunliffe (Wigan Council), Cllr John Merry (Salford City Council), Cllr Mishal Saeed (Salford City Council), Cllr Keith Holloway (Stockport Council), Cllr Daalat Ali (Rochdale Council), Cllr Eamon O'Brien (Work and Skills rep), Edna Robinson (VCFSE), Alison McKenzie-Folan (Local Authorities Health Lead), James Bull (Union representative), Claudette Elliott (Provider Federation), Cathy Cowell (Provider Federation), Luvjit Kandula (Primary Care), Nicki O'Connor (DWP), Colin Scales (NHS GM), Manisha Kumar (NHS GM), Dharmesh Patel (NHS GM) and Katherine Sheerin (NHS GM).

ICPB/30/25 CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS

There were no Chair's announcement or urgent business.

ICPB/31/25 DECLARATIONS OF INTEREST

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

ICPB/32/25 MINUTES OF THE PREVIOUS MEETING HELD ON 22 AUGUST 2025

Councillor Tom Robinson gave a verbal update on the ICPB strategy meetings held on 11 September and 14 October. The September meeting included consideration of NHS reforms and its ten year plan, LiveWell and Neighbourhood models and the abolition of Healthwatch. The October meeting considered proposals for NHS GM

governance arrangements, updates on LiveWell and the Prevention Demonstrator, the GM Adult Social Care Commission and Primary Care's evolving role in LiveWell.

It was recognised that the meetings provided added value and momentum to proposals before they were presented at ICPB meetings, being described as the engine room for the reform journey. The high attendance levels and commitment of ICPB members was also acknowledged.

It was proposed that officers provide written reports on the work of and recommendations arising from ICPB strategy meetings to be included in future ICPB agenda.

RESOLVED /-

1. That the minutes of the meeting held on 22 August 2025 be approved as a correct record.
2. That future ICPB agenda include an officer report on the work of and recommendations arising from ICPB strategy meetings.

ICPB/33/25 ACCELERATING HEALTH AND CARE TRANSFORMATION IN GREATER MANCHESTER AS PART OF LIVE WELL

Paul Lynch Director of Strategy NHS GM, Sandra Croasdale Associate Director - Integrated Systems Development NHS GM, Jane Forrest Director Public Service Reform GMCA and Warren Heppolette Director Prevention Demonstrator GMCA presented a report which followed previous updates to the ICPB on Greater Manchester's ambitions for health and care in the context of Live Well.

It covered four main areas: -

- An overview of our progress on Live Well;
- An update on the actions taken to mobilise the Prevention Demonstrator;
- A summary of the latest position on the updated Operating Model as part of the ICB reforms including the role of Place Partnerships; and

- The steps being taken to strengthen system governance and leadership arrangements to support delivery.

It was reported that the Greater Manchester Strategy and the LiveWell model were the platform for the Prevention Demonstrator, a point which needed to be repeated. Greater Manchester (GM) residents needed the basics to flourish such good quality secure housing, a safe environment, a good education, good transport links, good jobs and social mobility. The GMCA's strategy for good growth over the next decade aimed to address these issues with investment and growth in every GM community.

NHS reforms including the pilot to provide improved neighbourhood health services were outlined. It was reported that Stockport and Rochdale were included in the initial pilot which gave those areas the ability to shape national policy. It had been stressed by those areas that in GM neighbourhood health service reform could only work as part of the wider public sector reforms taking place in GM and not by looking at health services in isolation.

It was reported that in GM 70% of people on an end of life pathway were at some point forced to ring 999 and taken via ambulance to hospital. This was seen as a failure that needed to be addressed as part of wider reforms to improve services to support people at the end of their life and their families. It was suggested that the 'system' was pushing people on an end of life pathway back to hospital which wasn't what the public wanted and due to a lack of funding for alternative options and risk aversion by carers and care homes. It was indicated that hospices were seen as a key part of the solution and needed to be included in the wider conversation and given better financial support. It was also noted that a 'good death' really supported the bereaved in terms of their health including their mental health. The meeting was advised that this issue was being considered at a national level and that there were opportunities in GM to pilot different models of care.

It was also noted that a preventative approach was needed with regards to mental health services to avoid problems building up, necessitating more costly interventions later. These services were described as historically underfunded and often worked in crisis mode. It was also reported that mental health support services in the VCFSE sector had been and continued to be damaged by insufficient and insecure funding. Without sufficient secure funding the VCFSE sector could not built the capacity to

provide the services needed or evidence the successes of early intervention. As good mental health was a key part of LiveWell it was proposed that this be considered at a future strategy meeting.

The primacy of place was highlighted, along with the successes made in recent years in GM with the integration of place based teams. It was stressed that this must be protected and enhanced as part of NHS reforms. Bury was given as a positive example of what joint working could achieve, involving all partners not limited to health services and the local authority. It was highlighted that the proposed ICB reforms increased the focus on placed based service delivery.

It was noted that housing provides gave support to their residents that had resulted in reduced visits to A&E and earlier discharge from hospital than otherwise would have been the case.

It was reported that a GM Joint Data Collaborative was currently focussing on how DWP data could be used to highlight the link between economic inactivity and increased health needs with this being tested in Rochdale and Stockport. It was recognised that data would be key in providing new sources of insight, service design and to prove that new funding and service delivery models worked.

RESOLVED /-

1. That the report be noted.
2. That the following items be considered at a future strategy meeting then at an ICPB meeting: -
 - a. Mental health services in GM including work to adopt a more preventative approach;
 - b. Live Well and end of life care; and
 - c. The use of data and data sharing to support public sector reform.
3. That the ICPB receive updates from the Live Well Board.
4. That the direction of travel set out in the report be endorsed.
5. That proposals for a single GM structure covering the entirety of the Prevention Demonstrator, Live Well, neighbourhood model implementation and Place Partnerships be clearly articulated at the earliest opportunity.

ICPB/34/25 GM RESPONSE TO HEALTH WATCH ABOLITION

Eve Holt, Head of Policy and Implementation GMCA and Heather Etheridge Chair of GM Healthwatch presented a report to update the Board on an action agreed at its last meeting to draft a letter to the Secretary of State for Health and Social Care voicing the board's concerns about the proposed abolition of Health Watch. The proposed letter was appended to the report.

It was reported that since the last ICPB meeting in August, further work had been undertaken to consider how best to ensure an independent voice for patients be maintained in GM health structures. Several principles were identified to guide how this offer could be developed, which were: -

- The independent public voice will be maintained, integrated and embedded effectively in the new system;
- Localised relationships will be maintained and strengthened in structures e.g. through linking with portfolio leads at Local Authority level;
- Local, place-based working will remain at the heart of how we work together;
- We will embed population health principles as we continue to work closely with leaders across the localities and city region; and
- We will ensure that the system is accessible for all, and that all of our communities are heard.

The proposed abolition of Healthwatch was now seen as an opportunity to build on its good work and the trust and relationships it had built up. New proposals would extend the remit from an independent patient voice to an independent public voice. Each locality could develop its own model to ensure that community voices were heard, with shared learning and best practice being key. It was also suggested that new forum could be set up consisting of the successor to Healthwatch GM and the VCFSE sector.

The proposed letter to be sent on behalf of the GM ICPB focussed on the opportunity to shape the independent public voice in GM.

It was suggested that the time had come to clarify and articulate the whole Prevention Demonstrator governance and operating model for GM and share this with the Secretary of State for Health and Social Care.

RESOLVED /-

1. That the report be noted.
2. That the messaging in the letter appended to the report be endorsed, signed by the ICPB Joint Chairs, sent to the Secretary of State for Health and Social Care and shared with interested parties.
3. That the draft principles outlined in section 2.2 of the report be endorsed.

ICPB/35/25 DATE AND TIME OF NEXT MEETING

It was proposed that in these times of change it may be helpful for the ICPB to meet more regularly.

RESOLVED /-

1. That the next meeting of ICPB take place at 1:00pm on Friday 12 December 2025.
2. That the number of ICPB meetings scheduled for 2026 be increased from the four scheduled in 2025.