

Report to Cabinet

Establishment of the Greater Manchester Integrated Care Partnership Board

Portfolio Holder: Cllr Amanda Chadderton - Leader and Cabinet Member for Regeneration and Housing

Officer: Sayyed Osman – Deputy Chief Executive

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Introduction and purpose of the report

To establish the Greater Manchester Integrated Care Partnership (GM ICP) as a joint committee and to agree the terms of reference for the GM ICP.

RECOMMENDATIONS:

Members are requested to agree:

- a) To establish the GM Integrated Care Partnership as a joint committee of the ICB and ten local authorities.
- b) To appoint a member and substitute member of the authority as members of the GM ICP.
- c) To note the proposed Terms of Reference of the GM ICP.

BACKGROUND

1 What is an ICP?

- 1.1 An ICP is one of two statutory components of an Integrated Care System, alongside the Integrated Care Board (ICB). Section 26 Health and Care Act 2022 inserts s.116ZA into the Local Government and Public Involvement in Health Act 2007.

116ZA Integrated care partnerships

- (1) *An integrated care board and each responsible local authority whose area coincides with or falls wholly or partly within the board's area must establish a joint committee for the board's area (an 'integrated care partnership')*
- (2) *The integrated care partnership for an area is to consist of –*
 - (a) *one member appointed by the integrated care board*
 - (b) *one member appointed by each of the responsible local authorities*

(c) any members appointed by the integrated care partnership

(3) An integrated care partnership may determine its own procedure (including quorum)

1.2 The minimum core membership of the ICP will consist of 10 representatives from the 10 districts and a member of ICB.

2. **Purpose and function**

2.1 ICPs have a **statutory duty to create an integrated care strategy** to address the assessed needs, such as health and care needs of the population within the ICB's area, including determinants of health and wellbeing such as employment, environment, and housing. In preparing the integrated care strategy each integrated care partnership must have regard to guidance issued by the Secretary of State.

2.2 Statutory guidance has now been issued by Government:

<https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies>

2.3 The legal duties of an ICP are set out in Appendix A, references are to the guidance itself.

3. **Further relevant guidance**

3.1 **Scrutiny**

Further guidance issued by Government confirms that the ICP will be subject to local government Health Scrutiny arrangements and that the CQC will review Integrated Care systems including the functioning of the system as a whole which will include the role of the ICP. It is proposed that the GM ICS is scrutinised by the GM Joint Health Scrutiny Committee and at place level, as appropriate.

3.2 **Health and Well Being Boards**

3.2.1 It is expected that all HWB in an area will be involved in the preparation of the ICP Strategy. ICPs need to ensure that there are mechanisms in place to ensure collective input into their strategic priorities. Guidance also states that ICPs 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.

3.3 **Principles**

3.3.1 This is more clearly delineated in the ICP engagement summary. Government has summarised responses to the ICP engagement document published in September 2021 and set out five expectations:

1. ICPs will drive the direction and policies of the ICS
2. ICPs will be rooted in the needs of people, communities and places
3. ICPs create a space to develop and oversee population health strategies to improve health outcomes and experiences
4. ICPs will support integrated approaches and subsidiarity
5. ICPs 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

3.3.2 More recent guidance has referred to adopting a set of principles for all partners to develop good relationships including:

Building from the bottom up
Following the principles of subsidiarity
Having clear governance
Ensuring leadership is collaborative
Avoiding duplication of existing governance arrangements

3.3.3 Whilst not specified in the guidance it is anticipated in GM that Locality Boards will input into the GM Strategy.

4. Form of Integrated Care Partnership

4.1 A paper was circulated to local authorities and NHS Bodies on the role and potential makeup of the ICP earlier this year. There were a number of responses which included a concern to ensure that the ICP fully represented all areas of expertise and in particular mental health; that lessons were learnt from the operation of the Health and Care Partnership Board meetings, in that it should not develop into a large and unwieldy meeting; and that it needed to be inclusive and harness the passion and enthusiasm of a wide range of the public, private and voluntary sector on a regular basis without them necessarily being members of the ICP.

4.2 The paper was refined and the following issues on the form of the ICP have been further considered by the wider local authority and NHS system through a paper circulated to Place-Based Leads, NHS Provider Forum, NHS Primary Care Board and the ICB through their governance officers.

4.3 Responses to the paper were considered by a meeting of the Shadow ICP who have agreed the membership as set out below -

- ICB Chair
- ICB CEO
- 10x LA representatives (political)
- GMCA Mayor
- At least one Healthwatch rep
- One Director of Public Health (LA) as nominated by DPHs
- One DASS (LA) as nominated by DASSs
- One Director of Children's Services (LA) as nominated by DCSs
- One LA Chief Executive – Chief Executives health lead
- GMCA Chief Executive
- Two Provider Federation representatives: one mental health, one physical as nominated by PFB
- Four Primary Care representatives, one from each discipline
- Health Innovation Manchester representative
- One Trade Union representative
- One VCS representative
- One housing representative as nominated by GM Social Housing providers
- One Work and Skills representative.

This would result in an ICP of 30 members if it is possible to have one representative from the housing sector and work and skills, with others invited as required e.g. GMP

5. Sub-committees and working groups

5.1 The engagement summary envisages that the ICP will convene and coordinate the activities of sub-committees, working groups or other forums as its role develops.

6. Frequency of meetings

6.1 This is not specified in the guidance but it has been suggested that it meets three or more times a year. It is suggested that it meets at least quarterly on the same day as the GMCA meeting.

7. Secretariat

7.1 The guidance says that no additional money will be available to local authorities. It is proposed that the ICP secretariat is provided by the GMCA governance team.

8 Recommendations

Members are requested to agree:

- a) To establish the GM Integrated Care Partnership as a joint committee of the ICB and ten local authorities.
- b) To note the proposed Terms of Reference of the GM
- c) To appoint Cllr Brownridge as member and Cllr Chadderton as substitute member of the authority as members of the GM ICP

9 Financial Implications

9.1 The Council is working closely with NHS partners and via the ICB arrangements will continue to explore and take forward opportunities to use resources across the health and social care system in a more efficient and effective manner

10 Legal Services Comments

10.1 Legal comments are provided in the body of the report.

11. Co-operative Agenda

11.1 N/A

12. Human Resources Comments

12.1 N/A

13 Risk Assessments

13.1 N/A

14 IT Implications

14.1 N/A

15 Property Implications

15.1 N/A

16 Procurement Implications

16.1 N/A

17	Environmental and Health & Safety Implications
17.1	N/A
18	Equality, community cohesion and crime implications
18.1	N/A
19	Equality Impact Assessment Completed?
19.1	No
20	Key Decision
20.1	No
21	Key Decision Reference
21.1	N/A Rule 14 exemption requested and agreed by the Chair of the Policy and Overview Committee due the urgency of the decision
22	Background Papers
22.1	None.
23	Appendices
23.1	Appendix A – Legal duties and powers – where to find more information in this guidance
23.2	Appendix B – Terms of Reference