

Appendix A

Legal duties and powers - where to find more information in this guidance

Statutory requirements

Further detail in this guidance

The integrated care strategy must set out how the 'assessed needs' from the joint strategic needs assessments in relation to its area are to be met by the functions of integrated care boards for its area, NHSE, or partner local authorities.

See 'Evidence of need and the integrated care strategy' for detail on evidence of need. See 'Content of the integrated care strategy' for a non-exhaustive selection of topics for the integrated care partnership to consider, including: shared outcomes; quality improvement, joint working and section 75 of the NHS Act 2006; personalised care; disparities in health and social care; population health and prevention; health protection; babies, children, young people, and their families, and health ageing; workforce; research an innovation; 'health-related services'; data and information sharing.

In preparing the integrated care strategy, the integrated care partnership must, in particular, consider whether the needs could be more effectively met with an arrangement under section 75 of the NHS Act 2006.

See 'Joint working and Section 75 of the NHS Act 2006' in this document for further detail on this requirement.

The integrated care partnership may include a statement on better integration of health or social care services with 'health-related' services in the integrated care strategy.

See 'Health-related services' in this document for further detail on this power.

Statutory requirements

Further detail in this guidance

The integrated care partnership must have regard to the NHS mandate in preparing the integrated care strategy.

See the section in this document on the 'NHS mandate' for further detail on this requirement.

The integrated care partnership must involve in the preparation of the integrated care strategy: local Healthwatch organisations whose areas coincide with or fall wholly or partly within the integrated care partnership's area; and people who live and work in the area.

See the section on 'Involving people and organisations in the strategy' for further detail on involving people and groups for the integrated care partnership to consider, including: local Healthwatch; people and communities; providers of health and social care services; the VCSE sector; local authority and integrated care board leaders; wider organisations; other partnerships and fora.

The integrated care partnership must publish the integrated care strategy and give a copy to each partner local authority and each integrated care board that is a partner to one of those local authorities.

See the section on 'Publication and review' for further detail on this requirement.

Integrated care partnerships must consider revising the integrated care strategy whenever they receive a joint strategic needs assessment.

See the section on 'Publication and review' for further detail on this requirement.

NHS mandate

The government sets objectives for NHSE through a statutory mandate. The integrated care partnership must have regard to the mandate, alongside the guidance from the Secretary of State, when preparing their integrated care strategy.

For integrated care partnerships, having regard to the mandate means following the mandate unless there are compelling or exceptional reasons not to do so. In practical terms, integrated care partnerships should ensure they act in accordance with the mandate, where its content is applicable to their context. The mandate will also be reflected in NHSE's own strategic documents and planning guidance

ICBs and LAs will be required by law to have regard to the integrated care strategy when exercising any of their functions. NHS England (NHSE) must have regard to the integrated care strategy when 'exercising any functions in arranging for the provision of health services in relation to the area of a responsible LA'.

The guidance goes on to set out the requirements of the Integrated Care Strategy and how it may be developed with partners and states that Healthwatch must be involved in its production.

APPENDIX B

Terms of Reference for GM ICP

The Greater Manchester Integrated Care Partnership is a joint committee created by the ten Greater Manchester local authorities ("the Constituent Authorities") and the Greater Manchester Integrated Care Board under s.116ZA into the Local Government and Public Involvement in Health Act 2007.

Membership of the Committee

The membership of the committee shall be

- one member appointed by the integrated care board
- one member appointed by each of the responsible local authorities
- any members appointed by the integrated care partnership

The Constituent Authorities and the GMCA shall also each nominate a substitute executive member/assistant portfolio holder to attend and vote in their stead.

Role of the Committee

To enable the discharge of the ICP's functions under the Local Government and Public Involvement in Health Act 2007 and any related guidance concerning the role of integrated care partnerships.

Powers to be discharged by the Committee

The Committee shall have the power to discharge jointly the functions of the ICP.

The discharge of such functions includes the doing of anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of those functions

Operation of the ICP

- The ICP shall appoint a chair at its first meeting;
- The Quorum of the ICP shall be [15] members;
- Each member shall have one vote;
- The Chair shall not have a casting vote;
- Unless required by law, decisions shall be made by a simple majority.