Manchester City Council
Report for Resolution

Report to: The Executive – 19 October 2022

Subject: Establishment of the GM Integrated Care Partnership Board

Report of: The City Solicitor and Head of People, Place and Regulation (Legal Services)

Summary

This report seeks agreement to the establishment of the Greater Manchester Integrated Care Partnership (GM ICP) as a joint committee and to agree the terms of reference for the GM ICP.

Recommendations

The Executive is recommended to:-

(1) Agree to the establishment the GM Integrated Care Partnership as a joint committee of the ICB and ten local authorities.
(2) Agree that Council will appoint a member and substitute member of the authority as members of the GM ICP.
(3) Note the proposed Terms of Reference of the GM ICP.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
The issues addressed in the report do not have any impact on carbon reduction.

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
The establishment of the ICP as a component of Greater Manchester Integrated care system will lead to improved health and care outcomes for all GM residents. Advancing equality and tackling inequality is a key objective for GM Integrated Care, just as it is for the City Council.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The establishment of the ICP as a joint committee aligns to the Manchester Strategy. Healthy cared-for people is one of the priorities addressed by Our Corporate Plan. We will work with our partners across GM to enable our residents to be healthy and well and to tackle existing health inequalities.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

Not applicable

Financial Consequences – Capital

Not applicable

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

1.0 Introduction

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.

116ZAIntegrated 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.

2.0 Background

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.

3.0 Main issues

3.1 Scrutiny

3.1.1 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.

4.0 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.

4.4.1 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, for example GMP.

5.0 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.

6.0 Frequency of meetings

6.1 This is not specified in the guidance but is 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.

7.0 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.

8.0 Recommendations

The Executive is recommended to:-

(1) Agree to the establishment the GM Integrated Care Partnership as a joint committee of the ICB and ten local authorities.
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