

**MINUTES OF THE MEETING OF THE SHADOW GREATER MANCHESTER  
HEALTH AND CARE INTEGRATED CARE PARTNERSHIP HELD ON 20  
SEPTEMBER 2022 VIA MS TEAMS**

**PRESENT:**

Healthy Lives & Quality Care Portfolio Leader

NHS GM Chair Designate

GM Mayor

Bolton

Bury

Stockport

Tameside

Wigan

Mayor Paul Dennett  
(Chair)

Sir Richard Leese

Andy Burnham

Cllr Andrew Morgan

Cllr Eamonn O'Brien

Cllr Keith Holloway

Cllr Gerald Cooney

Cllr David Molyneux

**OFFICERS IN ATTENDANCE:**

Director of the Mayor's Office

Healthy Lives & Quality Care Chief Executive

GMCA, Assistant Director, Governance & Scrutiny

GMCA, Chief Executive

GMCA Deputy Chief Executive

GMCA, Governance

GMCA. Monitoring Officer and Solicitor

GMCA, Treasurer

NHS GM IC, Chief Delivery Officer

NHS GM IC, Director of Communications and Engagement

NHS GM IC, Deputy Chief Executive

NHS GM IC, Chief Officer for Strategy & Innovation

Kevin Lee

Geoff Little

Julie Connor

Eamonn Boylan

Andrew Lightfoot

Lindsay Dunn

Liz Tracey

Steve Wilson

Steve Dixon

Claire Norman

Sarah Price

Warren Heppolette

**SICP 01/22**

**APOLOGIES**

Apologies for absence were received and noted from:

Councillors Mark Hunter (Stockport), Andrew Western (Trafford), Mark Fisher (NHS GM IC, Chief Executive).

Liz Treacy, Monitoring Officer and Solicitor, GMCA introduced a report which set out the statutory minimum requirements along with guidance and recommendations of the Integrated Care Partnership Board, one of the two statutory components of an Integrated Care System, alongside the Integrated Care Board.

Engagement had taken place across the system regarding the proposed options for membership to fulfil the statutory requirements and responsibilities of the Integrated Care Partnership and Strategy.

The Shadow ICP were requested to determine proposed membership of the ICP and note that representatives would be invited to the inaugural formal meeting on 28 October 2022. Furthermore, work on the role and functions of the Joint Planning and Delivery Committee in discussion with the Shadow ICP and ICB would take place.

In welcoming the informative update which recognises the connections and the intentions of how the Board will interact with other parts of the system, it was suggested that the compromise option for membership detailed at point 5.4 of the report presented a balanced and manageable option.

In acknowledging the work undertaken by the GM Governance Group to develop an inclusive and workable approach, it was recognised that the proposals represented the Integrated Care Partnership Board and not the entirety of the Partnership. It was suggested that the engagement strategy being developed by the ICS should be considered imminently by the Board to demonstrate the scope and broad range of partners across various working groups along with the wide range of disciplines and specialisms.

It was advised that once agreed, the proposals would need formal approval by the ICB which was due to meet again ahead of the 28 October 2022. The statutory status of the ICP as a joint committee of the ICB and ten local authorities was welcomed, and it was suggested that the ICP should be jointly chaired by the GM Portfolio Lead and the GM ICB Chair Designate. It was agreed that further consideration and discussion regarding Chairing arrangements would be undertaken.

In discussion the Board considered the role of substitute members and whether voting rights would apply in the absence of the nominated individual. It was suggested and agreed that further consideration and clarity would be provided to the role of named substitute members.

**RESOLVED/-**

1. That the compromise option for membership of the Integrated Care Partnership detailed at 5.4 be approved and invitations for nominations from relevant organisations be requested.
2. That the joint committee of the ICB and ten local authorities be established noting that this would require the 10 local authorities to take a report through their governance and nominate to the ICP.
3. That it be noted that the authorities have previously provided nominations for the current HSCP and referred to those nominees as their ICP reps, not all nominations are Leaders.
4. That further consideration and clarity would be provided to the role of named substitute members and voting conditions.
5. That further consideration be provided to the joint Chairing arrangements of the ICP as a joint committee of the ICB and ten local authorities between the GM Portfolio Lead and the GM ICB Chair Designate.
6. That the first meeting of the ICP be held on Friday 28th October (same day and place as the GMCA meeting).
7. That at the first meeting of the ICP, the Chair and membership be appointed and the Terms of Reference be agreed (the Terms of Reference will consist of the statutory duties of the ICP and will be set out in the reports to the local authorities and the ICB which establishes the joint committee).
8. That the proposals be presented to the ICB for approval prior to the inaugural ICP Board meeting on 28 October 2022.

## **SICP 03/22                      DEVELOPING THE GM ICP STRATEGY**

Warren Heppolette, Chief Officer, Strategy & Innovation, NHS Greater Manchester Integrated Care, presented an update on the development of the ICP Strategy and requested that the Board review and approve the updated shared outcomes and shared commitments.

The Board were advised that the ICP strategy would be created and owned by the GM Integrated Care Partnership Board. It was reported that NHSE guidance states that ICPs have a statutory duty to create an integrated care strategy to address assessed needs, such as health and care of the population within the ICB's area, including determinants of health and wellbeing such as employment, environment, and housing.

It was advised that the strategy would be integrated covering health and social care and addressing the wider determinants of health and wellbeing. Furthermore, it would be aligned with the Greater Manchester Strategy (GMS) and the shared commitment in the GMS related to health.

The range of influences on the strategy which would inform its content and focus, in addition to national guidance were outlined. It was emphasised that engagement on the strategy is required and early engagement from March to May through a survey for people and staff across Greater Manchester sought to understand perceptions of the vision and shared outcomes as described at that time. A second phase of

engagement with communities and localities would take place in October and November with the presentation of a draft strategy for feedback and comment.

The encouraging progress in the development of the strategy was recognised and it was proposed that a systematic action plan would need to be built into planning process which embedded lived experience to emphasise real outcomes.

The critical connection to locality partnerships and plans to formulate the strategy was emphasised. It was suggested that an annual process of updating locality plans which reflect the requirements and opportunities at neighbourhood level be undertaken.

Furthermore, the encouraging progress that has been made across the city region regarding life expectancy data as captured in the Health Foundation Report should form the basis of lessons learnt to demonstrate improvement.

It was agreed that the Health Foundation Report would be circulated for consideration and utilised in the further development of the GM Integrated Care Partnership Strategy.

**RESOLVED/-**

1. That the update on the ICP Strategy development be noted.
2. That the updated draft shared outcomes and commitments be supported.
3. That the Health Foundation Report be circulated for consideration and be utilised in the further development of the GM Integrated Care Partnership Strategy.

**SICP 04/22**

**DATE OF NEXT MEETING**

**RESOLVED/-**

To agree that the inaugural meeting of the GM Integrated Care Partnership Board will take place on Friday 28<sup>th</sup> October 2022.