

Greater Manchester Integrated Care Partnership Board

Date: 30th June 2023

Subject: Integrated Care Partnership Board – Forward Plan

Report of: Warren Heppolette – Chief Officer – Strategy and Innovation

SUMMARY OF REPORT:

- This report sets out some proposals for the forward plan for the Integrated Care Partnership Board in 2023/24 – the Board's first full year of operation.

RECOMMENDATIONS:

The Greater Integrated Care Partnership Board is asked to:

- Note the proposals for the Forward Plan
- Consider the options for Board development and engagement – set out in section 4.3.

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1 INTRODUCTION

- 1.1 The Greater Manchester Integrated Care Partnership Board (ICP Board) was established following the Health and Care Act in 2022 – recognising a substantial degree of continuity with the role of the Health and Social Care Partnership Board set up following the Health and Social Care Devolution Deal.
- 1.2 The ICP Board has met three times – culminating in the agreement of the five-year ICP Strategy at the March 2023 meeting.
- 1.3 This paper sets out the forward plan for the Board in 2023/24 – including how we can develop the Board’s role across this year.

2 THE BOARD’S OPERATION

- 2.1. An ICP is one of two statutory components of an Integrated Care System, alongside the Integrated Care Board (ICB).
- 2.2. 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. The Integrated Care Strategy for Greater Manchester was approved at the 24th March 2023 meeting.
- 2.3. In September 2022, the UK Government described a set of principles to guide the work of ICPs. These are:
 - ICPs will drive the direction and policies of the ICS
 - ICPs will be rooted in the needs of people, communities and places
 - ICPs create a space to develop and oversee population health strategies to improve

health outcomes and experiences

- ICPs will support integrated approaches and subsidiarity
- 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

2.4. Building on these principles, and discussions within the GM system, the GM ICP Board confirmed its terms of reference at the October 2022 meeting. The terms of reference are included at **Appendix A**.

3 SCHEDULE OF MEETINGS

3.1. We have agreed a schedule of meetings for the Board. System partners have agreed that the Partnership Board should meet every three months. This allows the possibility for exceptional meetings to be organised in the intervening period on major strategic issues. The Board's schedule is below:

- 30th June – Tameside
- 29th September – Oldham
- 15th December – Manchester
- 22nd March 2024 – Wigan

4 THE FORWARD PLAN

4.1 We need to collectively agree a forward plan to guide the Board's work in this year and beyond.

4.2 The Board's membership should drive its agendas – reflecting the key issues for partners in the GM system and for patients and residents in our city region.

4.3 To do this, we will need to find ways of bringing the Board's membership together more

frequently between the quarterly meetings. We would greatly value the Board's views on the best ways of achieving this. Some options could include:

- A more informal forum between Board meetings to enable the membership to raise the issues that matter most to them and to formulate the agendas for upcoming ICP meetings
- Setting up task and finish groups of Board members on key system issues – bringing the work of these groups back into the Board and using this to drive the Board's agendas
- A programme of Board development to support members in their consideration of major system challenges
- An induction programme for Board members – recognising that we have many new members and that the membership will change periodically

4.4 The aim of these activities would be to support the Board in playing a more active leadership role in the system – for example, challenging the system on the delivery of the ICP Strategy and core performance measures and ensuring it plays a key role in public accountability.

4.5 Running alongside this greater engagement with the Board, the six priority missions in the ICP strategy provide a useful starting point for consideration of agendas through the year. These are:

- Strengthen our communities
- Help people get into – and stay in – good work
- Recover core NHS and care services
- Help people stay well and detect illness earlier
- Support our workforce and our carers
- Achieve financial sustainability

- 4.6 We propose that part of the forward plan is a series of ‘deep dives’ into each of the missions enabling system partners to discuss and agree how we can draw on the contributions of all partners to achieve the missions.
- 4.7 The actions from each ICP discussion on the missions will be used to support the implementation of the Joint Forward Plan (JFP) in Greater Manchester. This will include review and changes to delivery arrangements to reflect the recommendations arising from the ICP discussions.

5. **RECOMMENDATION**

The Greater Manchester ICP Board is asked to:

- Note the proposals for the Forward Plan
- Consider the options for Board development and engagement – set out in section 4.3.

APPENDIX A: TERMS OF REFERENCE (AGREED OCTOBER 2022)

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 met where there are at least a third of the members appointed by the responsible local authorities present and the ICB appointee.
- 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.
- In relation to rights of access to information, including the publication/availability of agendas, reports, background documents and minutes, and public attendance at meetings, the ICP shall apply rules equivalent to those applying to local authority committees under Part VA of the Local Government Act 1972 (“the 1972 Act”). Such rights of access to information may be limited where the ICP considers “confidential information” or “exempt information”, in a manner equivalent to that provided for by the 1972 Act.