

Terms of Reference Greater Manchester Integrated Care Partnership Board (ICPB)

Portfolio	Healthy Lives
Function/Purpose	The Greater Manchester Integrated Care Partnership Board is a joint committee created by the ten Greater Manchester local authorities and the Greater Manchester Integrated Care Board under s.116ZA of the Local Government and Public Involvement in Health Act 2007. The Department for Health set out five expectations of an ICPB¹: 1. ICPBs will drive the direction and policies of the Integrated Care System 2. ICPBs will be rooted in the needs of people, communities and places 3. ICPBs create a space to develop and oversee population health strategies to improve health outcomes and experiences 4. ICPBs will support integrated approaches and subsidiarity 5. ICPBs 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.

¹ [Integrated care partnership \(ICP\) engagement document: integrated care system \(ICS\) implementation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/624442/integrated_care_partnership_icp_engagement_document_integrated_care_system_ics_implementation.pdf)

	The ICPB has an important role within an Integrated Care System to facilitate joint action to improve health and care outcomes and experiences across the population. The main statutory function of an ICPB is to develop an Integrated Care Strategy to address the health, social care and public health needs of the local area.
Delegations	The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007 and requires ICPBs to write an integrated care strategy to set out how the assessed needs (from the joint strategic needs assessments) can be met through the exercise of the functions of the integrated care board (ICB), responsible local authorities or NHS England (NHSE). These statutory requirements as set out in the Guidance on the preparation of integrated care strategies - GOV.UK (www.gov.uk) In preparing the integrated care strategy, the ICPB must, in particular, consider whether the needs could be more effectively met with an arrangement under section 75 of the NHS Act 2006. The ICPB may include a statement on better integration of health or social care services with 'health-related' services in the integrated care strategy.

	The ICPB must have regard to the NHS mandate in preparing the integrated care strategy. The ICPB must involve in the preparation of the integrated care strategy: local Healthwatch organisations whose areas coincide with or fall wholly or partly within the ICS's area; and people who live and work in the area. The ICPB must publish the integrated care strategy and give a copy to each responsible local authority and each ICB that is a partner to one of those local authorities. ICPBs must consider revising the integrated care strategy whenever they receive a joint strategic needs assessment.
Accountability	Scrutiny The ICPB is subject to local government Health Scrutiny arrangements, through the GM Joint Health Scrutiny Committee and at a place level where appropriate.

	Health and Well Being Boards All Health and Wellbeing Boards in an area will be involved in the preparation of the ICPB Strategy. ICPBs need to ensure that there are mechanisms in place to ensure collective input into their strategic priorities. Guidance also states that ICPBs 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.
Statutory/Decision Making/Informal	Statutory
Membership	The membership of the Board 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 Board (as below) • One member of the GMCA – Portfolio Lead for Healthy Lives • One Local Authority Chief Executive – Portfolio Chief Executive for Healthy Lives • CEO NHS GM Integrated Care • GM Mayor

	• Group Chief Executive, GMCA • At least one Healthwatch rep • One Director of Public Health (LA) as nominated by Directors of Public Health • One Director Adult Social Services (LA) as nominated by Directors of Adult Social Services • One Director of Children's Services (LA) as nominated by Directors of Children's Services • Two NHS Trust Provider Collaborative representatives: one mental health, one physical health as nominated by the NHS Trust Provider Collaborative • Four Primary Care representatives, one from each discipline • Health Innovation Manchester representative • One Trade Union representative • Two VCFSE representative • One housing representative as nominated by GM Social Housing Providers • One Work and Skills representative • One Department of Work and Pensions representative
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	The Constituent Authorities and the GMCA shall also each nominate a substitute executive member/assistant portfolio holder to attend and vote in their stead. Organisations may change their nominee at their discretion . Additional members will need to be formally appointed by the GM ICPB itself.
Appointment of Chair (and Vice Chair)	The ICPB shall be jointly chaired by the GM Portfolio Lead for Healthy Lives and the Chair of NHS GM Integrated Care.
Quoracy	The quorum shall be a third of the members appointed by the responsible local authorities and the ICB appointee (or their designated substitutes).
Voting	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.
Meeting arrangements	The ICPB shall meet three or more times a year.

	In relation to the management of meetings including rights of access to information, including the publication/availability of agendas, reports, background documents and minutes, and public attendance at meetings, the ICPB shall apply rules equivalent to those applying to local authority committees under Part VA of the Local Government Act 1972. Such rights of access to information may be limited where the ICPB considers “confidential information” or “exempt information”, in a manner equivalent to that provided for by the 1972 Act.
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