



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

Future Planning Model

Integrated Care System NI Draft Framework

Targeted Stakeholder Consultation
Document

19 July 2021

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Introduction

1. We would welcome your views on the Integrated Care System NI Draft Framework.
2. The draft framework is attached at **Annex A**.
3. This consultation document provides some background to the project and details how you can respond to the consultation.

Background

4. A Review of Commissioning (undertaken in 2015) found the current system to be overly bureaucratic and lacking in clarity of accountability of decision making, detailing the need for changes to be made in the way we plan, manage and deliver our services. The need for such change was subsequently reinforced by the Bengoa Report “Systems not Structures”¹ and reflected in our response *Health & Wellbeing 2026: Delivering Together*².
5. *Delivering Together* clearly articulates the requirement for local providers and communities to plan integrated and continuous health and social care for their local population whilst specialist services should be planned and delivered on a region-wide basis.
6. In order to deliver against this vision development of a future planning model based on an integrated care system (ICS) approach has been commenced.
7. An ICS approach brings together partners within the HSC but also beyond, including partners in the voluntary and community sectors and local government, to plan, manage and deliver services based on the needs of the local population.

¹ <https://www.health-ni.gov.uk/publications/systems-not-structures-changing-health-and-social-care-full-report>

² <https://www.health-ni.gov.uk/publications/health-and-wellbeing-2026-delivering-together>

8. The integrated care model will:
 - Observe the principles of increased autonomy and accountability at local decision making levels;
 - See the delegation of decision-making and funding to local levels, with the exception of regional and specialised services;
 - Allow for planning, management and delivery of specialised services at a regional level; and
 - Be supported underpinned by an outcomes-based approach.
9. Ultimately, as the model and partnerships mature, it would see local groups take more control over planning and funding for services delivered within their areas, in order to deliver the most appropriate services to meet the needs of their population in line with agreed strategic objectives.

How is an Integrated Care System different?

10. The current commissioning process, led by the Health and Social Care Board (HSCB), translates the agenda set by the Minister of Health (reflected in the Commissioning Plan Direction) into a comprehensive, integrated Commissioning Plan for health and social care services. The Commissioning Plan is subsequently developed and agreed in consultation with the Public Health Agency. The HSCB then work with service providers to develop business cases which set out in detail how services will be commissioned.
11. Local Commissioning Groups (LCGs) support the planning and commissioning function by leading on needs assessment activities, providing local health intelligence, and overseeing the day to day transactional activities with their respective HSC Trusts.
12. In addition, they ensure the involvement of independent contractors, particularly General Practitioners, in the commissioning of local services.

13. LCGs are currently supported by Integrated Care Partnerships (ICPs) in service co-ordination and collaboration in the co-design of newly commissioned services.
14. However, our existing system and approach as whole has not reached its full potential. Limitations have emerged with services being commissioned with individual providers rather than on the basis of a whole systems approach to meet identified need.
15. HSC Trusts are not a constituent of LCGs which has been a limiting factor in integrated planning. Whilst Trusts are a key partner in ICPs, they currently operate with a relatively narrow scope.
16. It is clear that the current system often operates in silos and that local autonomy has not materialised as was originally envisaged. LCGs will cease upon closure of the HSC Board, currently planned for 31 March 2022. The importance of ensuring that we continue to plan and manage services informed by local input and intelligence is embedded in the ICS approach.

Integrated Care System

17. At its core, an ICS model is about partnership and collaboration between sectors and organisations. The purpose is to improve the health and wellbeing of the populations they serve. It is about delivering services and support in a joined-up way, not in silos or isolation.
18. Key to this approach is that it seeks to harness not just the strengths of our health and social care sector but also by looking beyond to what can be achieved when we work in partnership with the voluntary and community sector, with local government and other statutory partners, and with our service users.
19. Importantly, HSC Trusts will be a constituent part of the ICS model which will also build on and incorporate the work of ICPs.
20. A fully developed ICS will have a great deal more delegated authority and responsibility for managing resources for local population areas and to act

flexibly to deliver health and wellbeing outcomes rather than predetermined service models.

21. The link with wider partners is particularly important and an ICS will have the opportunity to invest in addressing the determinants of health and wellbeing with a greater focus on health improvement and early intervention.
22. It is important to recognise that the development of a fully integrated care system model with associated funding and accountability frameworks is an extremely complex undertaking and one which can take a significant period of time to develop. Work will be progressed on a phased basis to reflect this.

Draft Framework

23. In line with the above, early work has been undertaken to produce a draft framework to underpin the model.
24. The document provides a blueprint for the future planning and managing of health and social care services in Northern Ireland. It provides an overview and guidance on the proposed model to allow the system to design and adopt the relevant approaches, policies and structures required to implement the ICS model in NI.
25. The draft framework includes detail on the population health approach, definitions, vision, values and principles, and how regional and local levels will be developed and operate. It ensures that clarity and direction is provided where appropriate, but that there is flexibility built in to the system to allow each area to develop and evolve based on the identified needs in their area and resources and assets available to them.
26. The draft framework is attached at **Annex A**.

Impact assessments

27. An Equality Screening, Disability Duties and Human Rights Assessment exercise has been undertaken. This document is available online. No significant impacts have been identified at this stage and therefore it is determined that a full impact assessment is not required.

How to Respond

28. We are seeking views on the draft framework, and invite written responses by no later than **Friday 17th September 2021**.

29. You can respond online by accessing the Northern Ireland Government Citizen Space website and completing the online survey via the following link: <https://consultations.nidirect.gov.uk/doh-1/future-planning-model-integrated-care-system-ni>.

30. We would prefer responses using Citizen Space, however, if you wish to send an email or hard copy of your response please send it to:

Department of Health
Organisational Change Directorate
Annex 3
Castle Buildings
Stormont
Belfast
BT4 3SQ
OrgChgDir@health-ni.gov.uk

31. The consultation questions are listed in **Annex B**. A word version template for response can be accessed online via the following link should you wish to provide a hard copy/electronic response as opposed to completing the online questionnaire: <https://www.health-ni.gov.uk/consultations/future-planning-model-targeted-stakeholder-consultation>.

32. When you reply, it would be very useful if you could confirm whether you are replying as an individual or submitting an official response on behalf of an organisation. If you are replying on behalf of an organisation, please include:

your name;

the name of your organisation; and

an e-mail address.

33. If you have any queries, or wish to request a copy of the draft framework in an alternate format, please contact the Department using the email address below to make your request: OrgChgDir@health-ni.gov.uk

Privacy, Confidentiality and Access to Consultation Responses

34. For this consultation, we may publish all responses except for those where the respondent indicates that they are an individual acting in a private capacity (e.g. a member of the public). All responses from organisations and individuals responding in a professional capacity may be published. We will remove email addresses and telephone numbers from these responses; but apart from this, we will publish them in full. For more information about what we do with personal data please see our consultation privacy notice (**Annex C**).

35. Your response, and all other responses to this consultation, may also be disclosed on request in accordance with the Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations 2004 (EIR); however all disclosures will be in line with the requirements of the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation (UK GDPR) (EU) 2016/679.

36. If you want the information that you provide to be treated as confidential it would be helpful if you could explain to us why you regard the information you

have provided as confidential, so that this may be considered if the Department should receive a request for the information under the FOIA or EIR.

What Happens Next

37. Following the close of the consultation on **Friday 17th September 2021**, all responses and feedback will be collated for review by the Department of Health, and a consultation report will be produced. The consultation report will be shared with respondees.

Annex A – Draft Framework

Attached separately

Annex B – Consultation Questions

A word version of the consultation response questions is available on Department's website: <https://www.health-ni.gov.uk/consultations/future-planning-model-targeted-stakeholder-consultation>

Number	Question
1.	<p>Section 3 describes and defines what an Integrated Care System (ICS) model is which provides the blueprint for how we will plan, manage and deliver services in NI moving forward.</p> <p>Do you agree that this is the right approach to adopt in NI?</p>
2.	<p>Section 5 sets out the Values and Principles that all partners will be expected to adhere to.</p> <p>If applicable, please comment on anything else you think should be included.</p>
3.	<p>In line with the detail set out in Section 7 do you agree that the Minister and the Department's role in the model should focus on setting the overarching strategic direction and the expected outcomes to be achieved, whilst holding the system to account?</p>
4.	<p>Section 8 sets out what the ICS model will look like when applied to NI. It is based on the principles of local level decision making which will see a shift of autonomy and accountability to local ICS arrangements. Do you agree with this approach?</p>
5.	<p>As detailed in Sections 8 and 9, a Regional Group will be established to undertake an oversight, co-ordination and support function for the ICS. Do you agree with this approach?</p>

6. As detailed in Sections 8 and 10, do you agree that the establishment of Area Integrated Partnership Boards (AIPBs) is the right approach to deliver improved outcomes at a local level?

7. Section 10 of the framework provides further detail on the local levels of the model, including the role of AIPBs.

Do you agree that AIPBs should have responsibility for the planning and delivery of services within their area?

8. Do you agree that AIPBs should ultimately have control over a budget for the delivery of care and services within their area?

9. As set out in Section 10, do you agree with the proposed minimum membership of the AIPBs?

10. As set out in Section 10 of the framework (and noting the additional context provided in Annex A of the document), do you agree that initially each AIPB should be co-chaired by the HSC Trust and GPs?

11. The framework allows local areas the flexibility to develop according to their particular needs and circumstances.

As set out in Section 10, do you agree that the membership and arrangements for groups at the Locality and Community levels should be the responsibility of the AIPBs to develop, determine and support?

12. Other/General comments:

Annex C: Consultation Privacy Notice

Data Controller Name: Department of Health (DoH)
Address: Castle Buildings, Stormont, BELFAST, BT4 3SG
Email: OrgChgDir@health-ni.gov.uk
Telephone: 02890520533

Data Protection Officer Name: Charlene McQuillan
Telephone: 02890522353
Email: DPO@health-ni.gov.uk

Being transparent and providing accessible information to individuals about how we may use personal data is a key element of the [Data Protection Act \(DPA\)](#) and the [UK General Data Protection Regulation](#) (UK GDPR). The Department of Health (DoH) is committed to building trust and confidence in our ability to process your personal information and protect your privacy.

Purpose for processing

We will process personal data provided in response to consultations for the purpose of informing development of our policy, guidance, or other regulatory work in the subject area of the request for views. We will publish a summary of the consultation responses and, in some cases, the responses themselves but these will not contain any personal data. We will not publish the names or contact details of respondents, but will include the names of organisations responding.

If you have indicated that you would be interested in contributing to further Department work on the subject matter covered by the consultation, then we might process your contact details to get in touch with you.

Lawful basis for processing

The lawful basis we are relying on to process your personal data is Article 6(1)(e) of the UK GDPR, which allows us to process personal data when this is necessary for the performance of our public tasks in our capacity as a Government Department.

We will only process any special category personal data you provide, which reveals racial or ethnic origin, political opinions, religious belief, health or sexual life/orientation when it is necessary for reasons of substantial public interest under Article 9(2)(g) of the UK GDPR, in the exercise of the function of the department, and to monitor equality.

The lawful basis we are relying on to process your personal data is Article 6(1)(e) of the GDPR, which allows us to process personal data when this is necessary for the performance of our public tasks in our capacity as a Government Department.

How will your information be used and shared?

We process the information internally for the above stated purpose. We don't intend to share your personal data with any third party. Any specific requests from a third party for us to share your personal data with them will be dealt with in accordance the provisions of the data protection laws.

How long will we keep your information?

We will retain consultation response information until our work on the subject matter of the consultation is complete, and in line with the Department's approved Retention and Disposal Schedule [Good Management, Good Records](#) (GMGR).

What are your rights?

- You have the right to obtain confirmation that your data is being [processed, and access to your personal data](#)
- You are entitled to have personal data [rectified if it is inaccurate or incomplete](#)
- You have a right to have personal data [erased and to prevent processing](#), in specific circumstances
- You have the right [to 'block' or suppress processing](#) of personal data, in specific circumstances
- You have the right to [data portability](#), in specific circumstances
- You have the right to [object to the processing](#), in specific circumstances
- You have rights in relation to [automated decision making and profiling](#).

How to complain if you are not happy with how we process your personal information

If you wish to request access, object or raise a complaint about how we have handled your data, you can contact our Data Protection Officer using the details above.

If you are not satisfied with our response or believe we are not processing your personal data in accordance with the law, you can complain to the Information Commissioner at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

Email: casework@ico.org.uk