Department of Health | An Roinn Sláinte / Männystrie O Poustie

HSC Health and Social Care

Integrated Care System NI

THE INTEGRATED CARE SYSTEM FOR NORTHERN IRELAND (ICS NI)

FRAMEWORK DOCUMENT

May 2024

Contents

1. Introduction

Our challenges

1.1. The challenges facing our health and social care system, and indeed health systems worldwide, are well documented (**see Figure 1 – Our Health and Social Care System in some numbers**).

1.2. Our health and social care system has been under immense and growing pressure for some time. Waiting lists are at an all-time high and we continue to operate within a constrained financial environment.

1.3. Health inequalities continue to persist as we see differences in health outcomes for people in the most and least deprived areas of society. The *Health Inequalities Annual Report 2023*[1] shows that the healthy life expectancy inequality gap in 2019-21 was 11.2 years for males and 15.1 years for females and the rate of emergency attendances in 21/22 for the most deprived areas was more than one and a half times that of the least deprived (**see Figure 2 – Some Indicators of our Health and Wellbeing**).

1.4. Our population is living longer and with that comes the increased risk of people living with multiple conditions. This adds to the complexity of needs that our services must manage and places additional demands and pressures on the system.

1.5. The pandemic also highlighted serious long-established fragilities in our health and social care system and there is a fundamental need to change the way we work if we are to transform our services for the better and improve outcomes for individuals.

1.6. Silo working continues to persist and our current configuration does not adequately address the need to improve our working across boundaries and

[1] https://www.health-ni.gov.uk/sites/default/files/publications/health/hscims-report-2023-fact-sheet.pdf

sectors.

1.7. In the 2015 report, '*The Right Time, The Right Place*'[2], Sir Liam Donaldson referred to Northern Ireland as having an "ossified model of care", with specialist staffing resources "too thinly spread".

1.8. This was followed by '*Systems not Structures*'[3] published in 2016, endorsed by the then Northern Ireland Executive, which referred to the model of care as "outdated" and "not the one that Northern Ireland needs".

1.9. It is widely recognised that addressing the waiting list backlog and reforming services to ensure future sustainability is a complex and long-term issue – one that requires recurrent funding commitments. In the meantime, we must use existing funding to maximise the outcomes for our population, through innovation and different ways of working.

1.10. We must address the whole life-course of conditions, from prevention through to intervention and recovery where possible. To do this we must work in a more joined up way with all relevant partners, including those beyond health and social care.

[2] https://www.health-ni.gov.uk/publications/right-time-right-place
[3] https://www.health-ni.gov.uk/publications/systems-not-structures-changing-health-and-social-care-full-report

Key Facts and Figures

Budget 2023/24 – **£7.3bn**

Over **73,000** HSC staff (December 2023)

Over **300** GP practices and over **1,400** GPs (excluding Locums) with over **2m** registered patients (31 March 2023)

Over **540,000** inpatient and day case admissions in 2022/23

Over **750,000** attendances at **Emergency Departments** (March 2023)

Over **119,000** patients waiting to be admitted to hospitals – over **77%** waiting more than 13 weeks (June 2023)

470 care homes providing over **11,900** nursing and residential care packages (June 2023)

Over **22,500** people receiving over **296,000** hours of domiciliary care each week in 2022/23

Almost **23,000** children in need and over **3,800** children in care in 2022/23

Figure 1 - Our Health and Social Care system in some numbers

Our opportunity

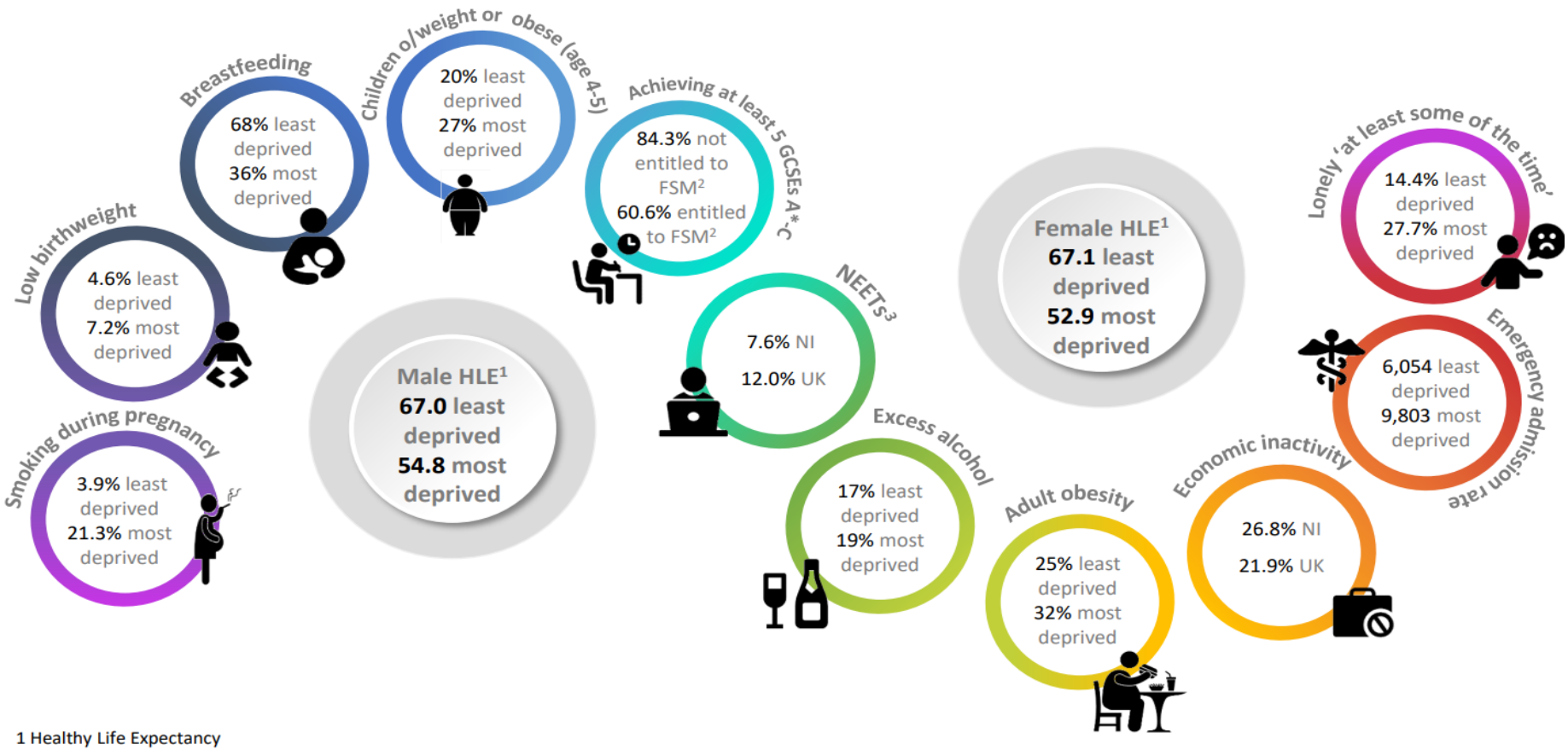
1.11. Whilst it is right to acknowledge the challenges we face; it is also important to recognise the opportunities that we have in front of us to address these challenges. The response to COVID-19 provided stark evidence of what can be achieved when we come together to work as 'one system'. Setting aside bureaucratic processes and breaking down the barriers between sectors and organisations allows us to deliver responsive and agile services to those most in need.

1.12. We must take the lessons from this approach, and the lessons we have learned over our longer-term transformation journey, on the benefits that integrated working can deliver. We already operate in an integrated system under statute. This is a foundation that we must capitalise on. Too often we have reverted to traditional ways of working and of funding services and developments, allowing fragmented approaches to emerge.

1.13. The closure of the HSC Board in March 2022 allows us to develop and adopt a better way of planning and managing our services based on collaboration and integration. Importantly, we have a strong foundation on which to build.

1.14. We can learn and build upon the experience, knowledge and expertise that has emerged from the work of Local Commissioning Groups and Integrated Care Partnerships, and the developments that have been brought forward under our Transformation programme. The lessons they provide on what has worked, and what has not, when delivering integrated care to meet the needs of local populations will be pivotal as this model develops. Further aligning with wider systems that have emerged, such as Community Planning, will help to maximise the opportunity to improve outcomes for individuals and communities.

Figure 2 - Some Indicators of our Health and Wellbeing



1 Healthy Life Expectancy
2 Free School Meals
3 Not in Education, Employment or Training

Produced by PHA Health Intelligence Unit
Data: Smoking during pregnancy, low birthweight, breastfeeding – all 2021; P1 overweight or obese 2019/20-2021/22; HLE 2020-22; achieving 5 GCSEs A*-C incl. Eng & Maths 2022/23; NEETS Oct-Dec 2023; Alcohol 2022/23; Adult obesity 2019/20; Economic inactivity Oct-Dec 23; Emergency admissions per 100k 2021/22; Loneliness 2022/23.

Our new approach

1.15. It is clear that we need to think differently about the way we design and deliver care and services in Northern Ireland. We need to develop a commissioning model that will help us to improve our health and well-being and address the growing demand for our care and services.

1.16. To do so we will increasingly work across traditional organisational boundaries, to develop an environment characterised by trust, partnership and collaboration.

1.17. Integrated Care System for Northern Ireland (ICS NI) provides the potential to harness the strengths of different parts of the system, across organisational boundaries, sectors and beyond what is traditionally considered to be the health and social care sector.

1.18. Working together, partners will plan to meet the needs of the populations they serve, to make improvements in their health and wellbeing and address health inequalities.

1.19. This is supported by the strategic perspective set out in the draft Programme for Government[4], Health and Wellbeing 2026: Delivering Together[5] and Making Life Better[6] which all focus on the need for collaboration and teamwork with key stakeholders and partners to bring about improvements for the people of Northern Ireland.

1.20. One of the cornerstone themes for ICS NI is the adoption of an outcomes-based accountability approach to improving the health and wellbeing of our population, in line with the draft Programme for Government. This approach will help remove organisational barriers and be a strong driver for the collaborative working practices that are needed to effect real and lasting

[4] Programme for Government (PfG) 2021 | Northern Ireland Executive
[5] Health and Wellbeing 2026 - Delivering Together | Department of Health (health-ni.gov.uk)
[6] Making Life Better | Department of Health (health-ni.gov.uk)

change and improvement.

1.21. It is also underpinned by the principle that patients, clients, carers and communities must be involved in the planning of their care and services.

1.22. This framework outlines the approach to building the new partnerships which will underpin the planning and managing of HSC services in a way that promotes genuine and meaningful collaboration, integration and improvement. It provides direction on the establishment of the model which will be further developed and built upon in future years.

1.23. It also takes account of the outcomes of the consultation that was carried out on the draft framework document in May 2021 and the development work that has been undertaken since then to design and implement the new approach.

2. What is ICS NI?

2.1. The Integrated Care System for Northern Ireland (ICS NI) is the new commissioning framework for Northern Ireland. ICS NI represents a shift away from the transactional model of commissioning of the past to one of system-wide collaboration and stronger partnership working. It is a single planning system that will help us to improve the health and wellbeing of our population and address demand by:

- placing a focus on people keeping well in the first instance, providing timely, co-ordinated care when they are not, and supporting people to self-care when appropriate; and
- ensuring we are maximising the resource we have available to deliver the best outcomes for our population, optimising our effectiveness and efficiency and reducing duplication.

2.2. The model enables collaborative working across the HSC sector and beyond to reduce health inequalities and deliver improved health and social wellbeing outcomes for our population. It is underpinned by the identification of the needs of individuals and communities and will seek to consider the wider issues which can affect our health and wellbeing, ensuring decision making is informed by all available evidence and identified need.

2.3. The model is underpinned by a population health approach with a focus on improving outcomes.

3. Vision

3.1. The draft Programme for Government is based on a shared and strategic vision for the future which aims to improve wellbeing for all. The Department of Health has lead responsibility for delivering against the outcome that we all enjoy long, active, healthy lives.

3.2. Building on this, the vision for ICS NI is:

To improve health and wellbeing outcomes and reduce health inequalities, through collaboration and partnership in the design, delivery and management of health, social and community services.

3.3. ICS NI will support a way of working which looks to:

- Put the **needs of the people** at the heart of everything we do – planning and delivering services based on population need,
- **Ensure communities** are involved in the planning of services,
- Support people to **manage their own health and wellbeing** and keep fit and well in the first instance,
- **Deliver care within the community**, as far as possible and when it is required and appropriate to do so, avoiding unnecessary visits to hospital,
- **Support people** to understand and use information to manage their multiple and/or long-term conditions,
- **Support and empower staff** to deliver safe and effective services and develop their skills and expertise, and
- **Improve efficiency and optimise capacity**, making the best use of available resources and support sustainability of services and the wider system.

4. Values and Principles

4.1. In the model all partners will adopt the following values and principles:

- Ensure the person is at the centre of the model, supporting the planning of care and services in line with need, with the aim of achieving improved outcomes for individuals and communities,
- Demonstrate collective and shared leadership to overcome challenges and engage across organisational boundaries,
- Adhere to the principles of parity and inclusion between partners; acknowledging the skills, experience and value that each partner can bring,
- Agree clear and transparent ways of working together, having a mutual understanding and respect of each other's existing governance arrangements and structures,
- Commit to the gathering, analysis, sharing and use of population level data along with known evidence-based interventions to inform decision making and evaluation. This includes the 'lived' experiences of individuals and communities,
- Foster a culture of openness, transparency and trust between partners and the wider population they support while adhering to the principles of co-production and promoting health literacy,
- Work collectively to remove or avoid duplication, ensuring the most efficient use of available resources and deliver value for money,
- Identify and promote best practice and learning between partners, encouraging flexibility, agility, and innovation to collectively meet and address challenges.

5. Population Health

5.1. Population health planning has a strong contribution to make to achieving health and wellbeing outcomes. The HSC system, irrespective of how effective and efficient it is, can only ever address a limited dimension of health and wellbeing. The 'system' needs to have communities and other stakeholders outside of HSC at the heart of planning processes to identify and address need, whilst at the same time strengthening cross-government efforts to address the wider determinants of health and wellbeing.

5.2. Population Health is not a new concept. The *Making Life Better* strategy published in 2014 seeks to create the conditions for individuals and communities to take control of their own lives and move towards a vision for Northern Ireland where all people are enabled and supported in achieving their full health and wellbeing potential.

5.3. *Making Life Better* clearly recognises that health and wellbeing, and health inequalities, are shaped by many factors, including age, family, community, workplace, beliefs and traditions, economics, and physical and social environments.

5.4. It details that to achieve better health and wellbeing for everyone and reduce inequalities in health, strengthened co-ordination and partnership working in a whole system approach is required.

5.5. *Delivering Together* reaffirmed this, noting that economic, social and environmental factors, and experiences early in life, play a major role in determining not just the health outcomes at an individual and community level, but also their social, educational, economic and other outcomes.

5.6. *Delivering Together* clearly set out that our future health and social care system needs to not only treat people who become sick or need support now, but also needs to do much more to ensure that the next generation is healthier

with more equitable life opportunities for all.

5.7. There have been significant improvements in the health and wellbeing of the population over decades, however benefits are not evenly distributed: the gap between the most and least affluent parts of our society persists, and in some instances is widening.

5.8. The focus on partnerships and cross-sector collaboration throughout this framework is a recognition of the wide range of determinants of health and wellbeing. New services or interventions created, or existing ones that are transformed, will not always be HSC-owned. Employment levels, housing, community infrastructure and our social networks all influence the population's health and wellbeing. This framework promotes a population health approach.

Population Health Planning

5.9. The HSC *Making Life Better* partnership developed and agreed a set of principles in 2019 which should be used to guide our work in population health planning. These cover 4 main themes:

<u>Focus on improving the health and wellbeing of a defined population</u>

- Be clear about the population and the population's need,
- Promoting wellbeing and preventing ill-health to be given as much priority as issues of service design and delivery,
- Identify and address inequalities in health, and
- Engage across all sectors and levels.

<u>Empower individual communities to take control of their health and wellbeing</u>

- Employ co-production approaches to involve communities throughout planning and implementation,
- Identify, build on and develop the assets available in the community,
- Communicate to build an atmosphere of trust and partnership, and
- Be clear on challenges, constraints and choices to be made.

Explicitly address the determinants of ill-health and their interactions

- Prioritise relevant population health data including small area data, and service utilisation,
- Develop a shared vision, objectives and measures,
- Base decisions on evidence, and
- Create a shared sense of responsibility for health and wellbeing.

Intelligent actions and impact

- Develop and implement integrated actions and strategies that are capable of being delivered,
- Actively use evidence of effectiveness to prioritise action and interventions,
- Advocate, resource and embed effective upstream investment, and
- Promote and demonstrate shared accountability with communities and partners for delivering, monitoring and achieving explicit health and wellbeing outcomes.

5.10. This model will be underpinned by the population health approach that seeks to deliver improved health and wellbeing outcomes for the whole population and reduce the health inequalities which continue to persist in our society.

6. Strategic Direction

6.1. To inform the overall model, the Minister and the Department will set the overarching strategic direction for health and social care in Northern Ireland, including the expected outcomes to be achieved. This will inform the work at each level of the system.

6.2. It is the Department's mission to improve the health and social wellbeing of the people of Northern Ireland by:

- leading a major programme of cross-government action to improve the health and wellbeing of the population and reduce health inequalities;
- supporting interventions on health promotion and education to encourage people to adopt activities, behaviours and attitudes which lead to better health and wellbeing;
- supporting the population to become more engaged in ensuring its own health and wellbeing; and
- ensuring the provision of appropriate health and social care services, both in clinical settings such as hospitals and GPs' surgeries, and in the community through nursing, pharmacy, social work and other professional services.

6.3. In the context of the developments of ICS NI, which is underpinned by Outcomes-Based Accountability (OBA), the strategic direction to the system was established over two distinct, but fully aligned levels:

- the population accountability is reflected in the introduction of the Strategic Outcomes Framework (SOF), a suite of strategic outcomes depicting the condition of health and wellbeing that we want to achieve for our population in the long-term, and associated key indicators; and
- the system-level performance accountability, reflected in the System Oversight Measures (SOMs) which will provide the short-term Departmental priorities to the HSC system, with performance

management processes put in place around selected associated metrics.

Strategic Outcomes Framework

6.4. The population-level strategic direction has been developed from the population health and wellbeing profile and the understanding of the health and social care needs of, and health inequalities within, the whole population, and by extension shaped the Ministerial and Departmental priorities.

6.5. The identified priorities have been translated into a Strategic Outcomes Framework (SOF). The suite of strategic outcomes developed are along key strategic themes, and are accompanied by associated key indicators, which forms the benchmark of the performance evaluation and review process.

6.6. The strategic outcome statements within the SOF have been developed with key representative groups through specific engagement activities. The SOF aligns with the overarching Programme for Government Key Priority Areas, adopting the Outcomes-Based Accountability approach. Provisions have been made to review and adapt the SOF, if and when required, based on any changes to the Key Priority Areas.

6.7. The illustration overleaf provides an overview of the strategic outcomes. It consists of a suite of nine thematic outcomes. This should be looked as a whole and not be defined by considering each outcome in isolation.

Figure 3 – Overview of the Strategic Outcomes Framework

6.8. The concept behind the SOF is as follows:

- a core outcome, to ensure the whole population can identify with the strategic direction and desired outcomes and offering a straight link to the PfG – healthy people we want, in the society we want,
- a cross-cutting outcome focusing on health inequalities, linking to the overall public health and ICS NI objectives, and also instilling a dimension throughout the other specific themed outcomes, with a particular focus on the wider social determinants of health; and

- seven thematic outcomes reflective of the key priorities identified through the engagement programme, representing the life course and life journey of an individual through their potential interactions (or non-interactions) with the system.

6.9. Impact will be assessed and measured by several key indicators, which will help quantify achievement towards each outcome and provide an insight on how well the system is doing.

System Oversight Measures

6.10. Whilst the Strategic Outcomes Framework will reflect the long-term population-level strategic direction to the system, System Oversight Measures (SOMs) will provide the shorter-term Departmental priorities to the HSC system.

6.11. The SOMs will be articulated around core domains, and associated system oversight metrics will continue to be developed over time to measure how the HSC system is contributing to the achievement of the outcomes.

7. ICS NI Model

What will ICS NI look like?

7.1. ICS NI is a new way of working in terms of commissioning care and services in Northern Ireland with the aim of improving the health and wellbeing of our population and addressing demand by

- placing a focus on people keeping well in the first instance, providing timely, co-ordinated care when they are not, and supporting people to self-care when appropriate; and

- ensuring we are maximising the resource we have available to deliver the best outcomes for our population, optimising our effectiveness and efficiency and reducing duplication.

7.2. Within the model there are three core aspects:

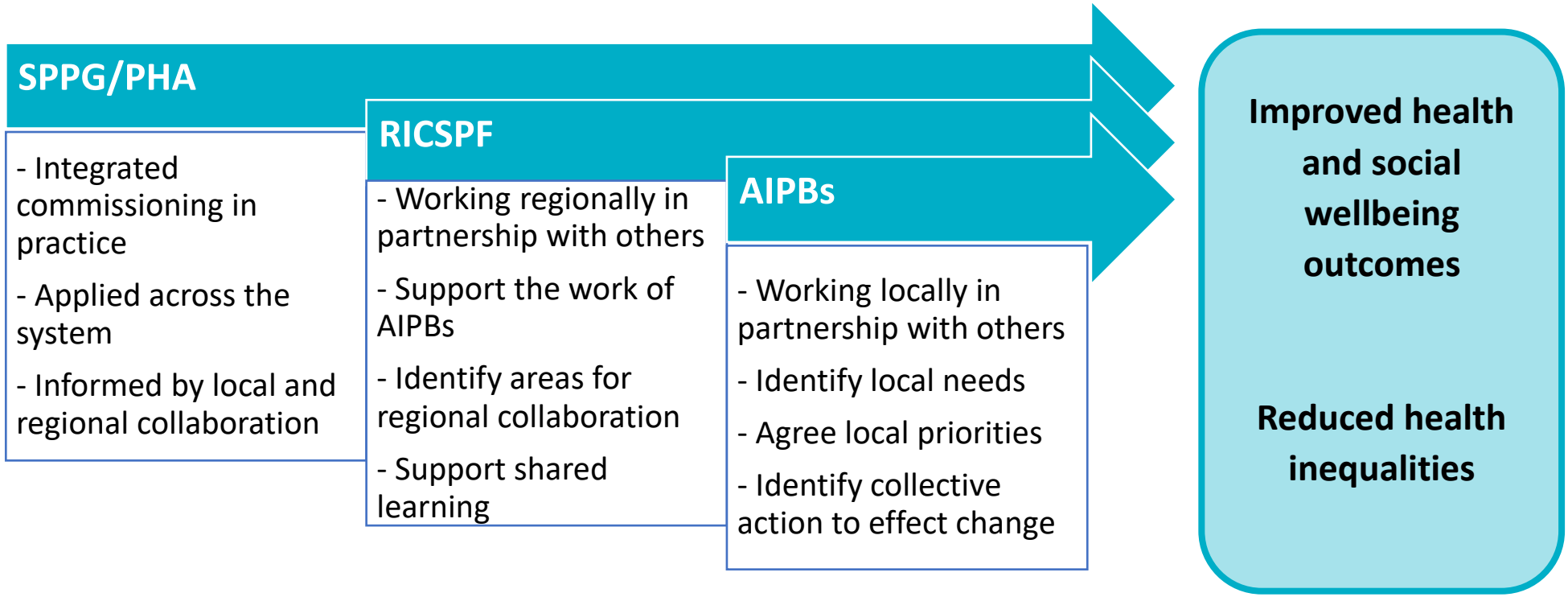
- Planning and managing integrated care and services across the system, informed by local and regional collaboration, will be the role of the Department (SPPG) supported by the PHA.

- Working locally in partnership beyond the HSC, to identify local needs, agree priorities and identify what cross-sector collective action should be taken to effect change with a focus on prevention, early intervention and community health and wellbeing. To support this, five **Area Integrated Partnership Boards** (AIPBs) will be established.

- Working regionally in partnership to support the work of the AIPBs, identify areas for regional collaboration and support shared learning. To support this, a **Regional ICS Partnership Forum** will be established.

7.3. The following chapters provide further details on each of these aspects.

Figure 4 – ICS NI Model



8. Strategic Planning and Performance Group (SPPG) and Public Health Agency (PHA)

8.1. SPPG continues to be responsible for establishing and maintaining effective systems for managing the performance of HSC Trusts, commissioning health and social care, and ensuring that resources are used in the most economic, efficient, and effective way in commissioning health and social care.

8.2. The PHA continues to deliver its statutory role in relation to commissioning within ICS NI. In fulfilling its statutory public health responsibilities, the PHA supports the population health approach that underpins ICS NI and supports the planning process including, when appropriate, provision of clinical/professional expertise.

8.3. SPPG and PHA therefore continue to undertake the statutory responsibility for commissioning on behalf of the Department, including the commissioning functions to give effect to AIPB plans, address any other local commissioning needs, and for regional and specialist services, all within the ICS NI model.

Role of SPPG and PHA within AIPBs

8.4. SPPG and PHA will each provide a Strategic Partner to the five AIPBs. The partners will have expertise in planning care and services, and population health approaches.

8.5. The role will include:

- Providing support and guidance including securing the provision of a population needs assessment, financial and performance management information, and securing advice and expertise as required.
- Working with AIPBs to ensure that plans, and any priority areas identified are based on robust evidence and adequately reflect and align with agreed strategic outcomes and regional priorities.

- Ensuring that the information submitted to the Regional ICS Partnership Forum or the Department has been adequately formulated and contains all necessary information and analysis to support efficient decision making and discussion.
- Commissioning the outworking of the agreed plan, where appropriate.
- Providing a wider support function to each AIPB in terms of day-today operational and administrative support.

8.6. For broader commissioning needs:

- They will continue to undertake the statutory responsibility for commissioning,
- They will adopt and apply the same approach to planning across the system i.e., evidence-based and outcomes focused, and the underlying principle of integrated working still applies,
- They must consider input from wider partners e.g., via existing networks,
- SPPG is responsible for the associated financial and performance management of services commissioned, and
- PHA is responsible for the relevant clinical/professional input and expertise.

9. Area Integrated Partnership Boards

9.1. The overarching aim of each Area Integrated Partnership Board (AIPB) is to improve health and social care outcomes and reduce health inequalities for their local population areas based on a population health approach. When adopting this approach, AIPBs should be placing an emphasis on prevention, early intervention and community health and wellbeing.

9.2. This will be undertaken in line with the agreed strategic direction and priorities. This will include:

- Building relationships and trust between leaders, encouraging shared responsibility and accountability for collective gains and risks,
- Providing clear leadership for the area on the direction of travel and priorities to be addressed, supporting and enabling partners to deliver against agreed outcomes, and
- Encouraging genuine partnership working at a local level and across all partner organisations.

9.3. Five Area Integrated Partnership Boards will be established, co-terminus with the current HSC Trust areas. They will be responsible for identifying the needs of their local population through a population health needs assessment as well as from local input and intelligence gathered through engagement and involvement of their local populations. From this, they will consider what is currently being achieved with the collective assets available in that area and develop an area health and well-being plan setting out how they might utilise the resource in a different way to achieve better outcomes.

9.4. The AIPBs will have wide representation from constituent organisations and, through the Regional Partnership Forum, will be accountable to the Department in terms of the development and monitoring against an agreed work plan.

Who is part of the AIPB?

9.5. The membership of the AIPB is comprised of appropriate representatives of the following:

- HSC Trusts,
- GPs,
- Pharmacy,
- Community and Voluntary sectors,
- Local councils (from each of the local government districts within the AIPB),
- Carers, and
- Service Users.

9.6. Each AIPB may also invite others to attend and contribute to meetings on an ad hoc basis for which they deem appropriate, for example, from specific specialisms, professional bodies, networks or local bodies, but core membership will remain as detailed above.

9.7. Each core member should ideally be in a position to provide a collegiate viewpoint for their relevant profession, area or sector, and be of sufficient seniority to contribute to the exercise of the functions of the AIPB.

9.8. The inclusion of clinicians, professionals and other subject matter experts is to reinforce that others can, and should, be brought in when discussing any particular area as and when appropriate (e.g., representatives from thematic Regional Networks).

9.9. In addition, each AIPB will have the following Strategic Partners in attendance at their meetings:

- 1 PHA representative, and
- 1 SPPG representative,

whose role is to co-ordinate the administrative and analytical support and be a resource for members to rely on. Their role is also to ensure AIPBs make

necessary connections with the wider system to support the AIPB in undertaking their work. They are not members of the AIPB.

9.10. The PHA Strategic Partner will provide a key role in terms of expertise and knowledge of population health approaches and the provision of input/expertise.

9.11. The SPPG Strategic Partner will provide co-ordination, expertise, and support functions in terms of SPPG's overarching commissioning, performance and finance roles.

9.12. AIPB members will also recognise the importance of the locality and community infrastructure in their area and will commit to support this to facilitate broader input and participation from across their local population.

9.13. A key aspect of the role of the strategic partner will be to make the linkages with the relevant Community Planning Partnerships and work closely with them to enable and optimise alignment between the respective plans.

9.14. This includes building on existing infrastructure and relationships and, where it is deemed necessary, establishing groups where existing mechanisms do not exist. Where this is the case, it is the AIPBs responsibility to work with their Strategic Partners to ensure that any group is appropriately managed and supported.

9.15. Note that further detail and information with regards to partnership working, and in particular the engagement of non-HSC sectors, is included at **Section 11**.

10. Regional ICS Partnership Forum

10.1. Aligning to the core aims of maximising resource and shifting our focus to a population health approach, there is a need for a mechanism at a regional level that will ensure connectivity across the five AIPBs but also provide a forum to capitalise on regional collaboration.

10.2. The Regional ICS Partnership Forum (RICSPF) will have a number of roles and functions within ICS NI.

10.3. It will provide the overarching strategic guidance and support for the AIPBs.

10.4. It will also support alignment between local and regional levels of the system (including e.g., AIPBs and Regional Networks), and will have a key role in supporting AIPBs.

10.5. It will act as a point of reference for AIPBs providing advice and guidance as well as a platform through which AIPBs can showcase best practice and learning. Further detail is provided below.

Strategic guidance and support for AIPBs

10.6. Whilst each AIPB will operate independently, at the beginning of each planning period, the Regional Partnership Forum, having considered the population needs assessment, will agree and outline the planning assumptions which will inform and guide the AIPBs. These assumptions will align with the draft PfG and Strategic Outcomes Framework and are not intended to be prescriptive but rather provide focus and a means of supporting the AIPBs to remain aligned to their overarching objective.

10.7. The Regional Partnership Forum will also work to support AIPBs to ensure their plans are adequately developed. Similarly, it will review and comment on the Annual Progress Reports, identifying and supporting AIPBs to deal with any areas of challenge. The Regional Partnership Forum will also have

a key role in supporting AIPBs, acting as a point of reference, providing advice and guidance and a mechanism for areas of escalation.

Regional Collaboration

10.8. The Regional Partnership Forum will also identify areas for regional collaboration, complementing the work of AIPBs, and developing relationships between sectors to help address issues on a regional scale.

10.9. The Regional Partnership Forum will facilitate joint action to improve health and care outcomes and experiences across the population of Northern Ireland, influencing the wider determinants of health, including creating healthier environments and inclusive and sustainable economies.

Shared Learning

10.10. The Regional Partnership Forum will also provide a platform for shared learning, where AIPBs can showcase best practice and learning. The Regional Partnership Forum will have the opportunity to inform and input to the overarching Strategic Outcomes Framework based on learning, experience and engagement derived from the planning process.

11. Working in Partnership

11.1. The model is underpinned by the development of partnerships between people and between organisations. In many cases these will be informal and rely on the relationships and individuals involved, or in other cases there may be existing statutory, contractual or other obligations and agreements that dictate certain interactions and relationships.

11.2. Those involved with the model must explore and utilise the various options available within any existing requirements to put in place more formal agreements to provide clarity of approach and which can formally reinforce the commitment of the relevant partners in any given arrangement. There must be a willingness to embrace the concept of shared authority, accountability, and risk.

11.3. Options to explore and develop may include, but are not limited to:

- Memoranda of Understanding;
- Service Level Agreements;
- Lead Provider Contracts;
- Alliance agreements/contracts; and
- Charters.

11.4. This framework does not place any specific requirement around such arrangements. Any examples of useful or innovative approaches that have proved effective should be shared between areas as examples of best practice.

Wider engagement and representation

11.5. This document stipulates membership from specific areas / professions on the AIPBs, it is acknowledged that there is likely scope to improve upon what is

initially achievable in terms of broader representation and engagement.

11.6. As an example, having a minimum of two representatives from the Voluntary and Community sectors, or representing service users or carers, would meet the requirements as set out in the framework. However, the ability of these representatives to fully reflect the views, opinions, and position of all relevant partners in their sector / area is likely to be limited given the broad range of organisations and interests that exist.

11.7. The same is applicable to any of the partners or professions involved in the model, such as those acting as a member of the AIPB, whereby the networks and infrastructure to allow members to represent their entire sector may not exist or be fully developed.

11.8. The intention for each partner who acts as a member of the AIPB is to have the ability to bring forward the views of their sector/profession/organisation as a whole on general topics, and those views which may be relevant to specific specialities or topics. Additional arrangements may be required to support and facilitate this approach in certain circumstances.

11.9. For example, a support mechanism has been identified for Services Users and Carers with the establishment of the Involvement Advisors Liaison Group. This group provides peer network support to all Service Users and Carers appointed to the AIPBs.

11.10. It is incumbent upon all partners involved in the model to work together to identify where this type of infrastructure is required or has potential to be developed, to enable genuine and comprehensive representation from all partners.

11.11. This will not only seek to bring the views and input of wider sectors, but also provide a formal structure to highlight, acknowledge, and promote the resources and capacity that exists within the sector in order to contribute to, and take ownership and shared responsibility for achieving the aims and

outcomes in line with the wider strategic direction.

11.12. If such a forum is not already in existence within a given local area, establishment of formal arrangements and support should be considered to ensure full and meaningful representation moving forward. Where a forum or similar arrangement exists, it should be engaged from the outset.

11.13. It is important the right support and structures are put in place to foster this level of engagement to the benefit of the model, the local population and community. Local areas should adopt an approach that meets their specific needs and the needs of their partners and their local population. It is important to highlight that before establishing any new systems or adopting any new approach, efforts should focus on identifying, building on, and utilising any existing local or regional resources and structures.

12. Governance and Accountability

12.1. Each organisation and body involved in the model will have existing governance and accountability structures, mechanisms and obligations, including those set out in statute. The ICS NI will not change these.

12.2. The governance and accountability arrangements for the ICS NI describe the way in which decisions and arrangements are made in response to identified health and wellbeing priorities and associated plans. It also describes the arrangements for monitoring progress and evaluating the outcomes of integrated care. In broad terms, there will be the following:

- A clear strategic direction with expected outcomes set by the Minister and the Department based on the perceived health and wellbeing needs of the population,
- A response to this strategic direction; each AIPB will set out the actions it proposes to take to improve the health and well-being outcomes of its local population. This will include detail on resources (both HSC and non-HSC) as well as how performance and success will be monitored, and
- A regional review of area plans, progress reports, identification of opportunities for regional collaboration and influencing future Strategic Outcomes Frameworks based on learning.

12.3. More information about these arrangements will be detailed in wider guidance.

13. Finance and budgets

13.1. The ICS NI does not change current funding arrangements. It seeks to provide a model which will be underpinned by a funding approach that enables local areas to be provided with information on financial resources across their local area, who will in turn, have responsibility to act on how the available resources are utilised in the priority areas. This could include the movement of funding within or between areas, if supported by evidence.

13.2. Core to the approach is using the resources that are available in the most efficient and effective manner to achieve the greatest outcomes.

13.3. Whilst changes in this area will not be undertaken at a system-wide level at this time, this does not preclude any organisations from exploring new approaches to utilising funding that helps to deliver against the strategic vision and is in-line with the approach of integration and collaboration. Where there are local opportunities to pool resources these should be encouraged and developed.

14. Way forward

14.1. This Framework is a summary of the principles, structures and functions of the ICS NI that underpin the commissioning of health and social care services in Northern Ireland. It will be kept under review in the light of emerging policy and legislation, and it is intended to bring forward a further iteration once the regulations have been progressed.

14.2. Moving forward it is the ambition to build on this work to further develop the model, identify lessons learned and areas for improvement.

14.3. In addition, this model will influence the wider work of the Department as it moves to a population health approach, embedding the Strategic Outcomes Framework and key indicators in the development of the Department's shorter-term strategic priorities.

14.4. Further information, resources, and updates on ICS NI can be found online.