

<p><b>Title of Report:</b></p> <p><b>Future Planning- Model Integrated Care System NI- Draft Framework Targeted Stakeholder Consultation</b></p>	<p><b>Officer Presenting: Director of Health and Community</b></p> <p><b>Author: Head of Health and Community Wellbeing</b></p>
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## **1 Purpose of Report/Recommendations**

- 1.1 The purpose of this report is to seek member’s views on the Department of Health’s programme of work which has commenced to develop a Future Planning Model to replace the existing commissioning arrangements and processes in Northern Ireland.
- 1.2 Members are asked to consider and approve the draft responses to the questions that are posed within the Public Consultation Document (Appendix 1).

## **2 Background**

- 2.1 The current Integrated Care Partnership’s (ICP) are collaborative networks of care providers, bringing together healthcare professionals (including doctors, nurses, pharmacists, social workers, and hospital specialists); the voluntary and community sectors; local council representatives; and service users and carers, to design and coordinate local health and social care services.
- 2.2 The Department of Health is undertaking a targeted stakeholder consultation on their Future Planning for Health model and their Integrated Care System Framework.
- 2.3 The Draft Framework will provide a blueprint for the future of planning and managing health and social care services in Northern Ireland. The document 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 bring the model forward.
- 2.4 This work will see the development of a new Integrated Care System (ICS) model in NI, whereby local providers and communities would come together to plan, manage and deliver care for their local population based on a population health approach, with regional and specialised services planned, managed and delivered at a regional level.

### **3 Key Issues**

- 3.1 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" and reflected in our response Health & Wellbeing 2026: Delivering Together.
- 3.2 Delivering Together outlines 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.
- 3.3 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.
- 3.4 The integrated care model will:
  - 3.4.1 Observe the principles of increased autonomy and accountability at local decision making levels;
  - 3.4.2 See the delegation of decision-making and funding to local levels, with the exception of regional and specialised services;
  - 3.4.3 Allow for planning, management and delivery of specialised services at a regional level; and
  - 3.4.4 Be supported underpinned by an outcomes-based approach.
- 3.5 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.
- 3.6 **How is an Integrated Care System different?**

- 3.7 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.
- 3.8 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.
- 3.9 In addition, they ensure the involvement of independent contractors, particularly General Practitioners, in the commissioning of local services.
- 3.10 LCGs are currently supported by Integrated Care Partnerships (ICPs) in service co-ordination and collaboration in the co-design of newly commissioned services.
- 3.11 Limitations have emerged with services being commissioned with individual providers rather than on the basis of a whole systems approach to meet identified need.
- 3.12 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.
- 3.13 LCGs will cease upon closure of the HSC Board, currently planned for 31 March 2022. The future planning and management of services informed by local input and intelligence is embedded in the ICS approach.
- 3.14 **Integrated Care System**
- 3.15 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.
- 3.16 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.

- 3.17 HSC Trusts will be a constituent part of the ICS model which will also build on and incorporate the work of ICPs.
- 3.18 A fully developed ICS will have 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.
- 3.19 The link with wider partners is 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.
- 3.20 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.
- 3.21 **Draft Framework**
- 3.22 The draft framework (Annex A) 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.
- 3.23 The document 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.
- 3.24 Written responses are to be submitted to the Department of Health by no later than Friday 17th September 2021.

## **4 Recommendations**

- 4.1 It is recommended that Members consider and approve the draft responses to the questions posed in the Consultation Document.

### **Background Papers**

[Future Planning- Model Integrated Care System NI- Draft Framework Targeted Stakeholder Consultation Document](#)

[Consultation document Annex A - draft framework](#)

Appendix 1 Integrated Care System NI Draft Framework Consultation Response Document