



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

# Integrated Care System NI

## Draft Framework

### Consultation Response Document

Please note that responses can also be submitted directly online via Citizen Space which can be accessed via the following link should this be a preferable option: <https://www.health-ni.gov.uk/consultations/future-planning-model-targeted-stakeholder-consultation>

Personal details	
Name	<b>Seamus Donaghy</b>
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Are you responding on behalf of an organisation?	Yes
Organisation (if applicable)	<b>Derry City and Strabane District Council</b>

The questions set out on the following pages are to help gather views and guide responses in certain areas. General comments can also be left at the end of this document on any aspect of the framework.

Please note: the boxes provided for additional comments in each question can be expanded.

**Q1. 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.**

**Do you agree that this is the right approach to adopt in NI?**

Agree / ~~Disagree~~

*(delete as applicable)*

Additional comments:

**Derry City and Strabane District Council (Council) believes the ICSs approach has the potential to drive improvements in population health and tackle health inequalities by reaching beyond HSC to work alongside local councils and other partners to address social and economic determinants of health. Evidence consistently shows that it is the wider conditions of people's lives – their homes, financial resources, opportunities for education and employment, access to public services, and the environments in which they live that have the greatest impact on health and wellbeing.**

**The ICS should help remove barriers to delivery, maximise opportunities for improvement, and should also be informed by the experience of the pandemic which underlines the importance of a population health approach.**

**Much of the work to deliver more integrated services needs to happen at community level through collaboration between providers of all kinds.**

**Council believes that ICSs must be aligned with Community Planning Partnerships on a local government footprint and ICSs should be locally led within a broad regional framework in order to deliver integrated care which meet the needs of individuals and local communities. There may be some cases where other geographical footprints are deemed to provide a better basis for collaborative working. Council also recommends that the model addresses inequities.**

**ICS arrangements must be suited to local context including assets and priorities and built on the strengths of existing relationships and local leadership. The range of services to be included in the ICS both at a local area level and specialist services at regional level should be outlined.**

**There is currently no statutory basis for ICSs which require voluntary partnerships that rest on the willingness and commitment of organisations and leaders to work collaboratively, it is recommended that ICS's should be established as statutory bodies in order to help reduce duplication and protracted decision-making processes. This would also assist with improving transparency and accountability.**

**Q2. Section 5 sets out the Values and Principles that all partners will be expected to adhere to.**

**If applicable, please comment on anything else you think should be included.**

Comments:

**Council is broadly in agreement with the values and principles underpinning the framework and welcome the framework as it will help support the realisation of Derry City & Strabane District's Inclusive Strategic Growth Plan 2017-2032.**

**It is important that:**

- 1. Formal structures and governance measures are put in place, and that capabilities and relationships required to support them can function effectively.**
- 2. Changes support multiagency partnerships across the HSC, local government, voluntary and community organisations and other partners.**
- 3. Duplication is avoided services delivery provides value for money**

**Q3. 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?**

Agree / Disagree

*(delete as applicable)*

Additional comments:

**Council is broadly in agreement.**

**It is important that the Department bring forward measures to improve accountability in the system in a way that will give the public the confidence that they are receiving the best care from their health and care system, every time they interact with it.**

**Within the new system, meaningful outcomes for patients and carers need established, with regular performance monitoring and sharing learning. This should be through robust systemic monitoring systems, including quarterly reporting systems against activity and spend, highlighting early any variance, whilst assessing fitness for purpose.**

**Commitment from all Government Departments is necessary in any ICS Model to help address the challenges faced by the health and social care system and help**

tackle the wider determinants of health.

With an ICS, service planning must not hinge on new monies only and must allow for service reconfiguration within existing resources, within and beyond health.

It is also the expectation that integrated care provider contracts will be held by public statutory providers.

**Q4. 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?**

Agree / Disagree

*(delete as applicable)*

Additional comments:

**Council broadly agree with this approach of local evidence-based decision-making and accountability for resources spent.**

**Much of the activity to integrate care and improve population health within the Council area will require commissioners and service providers collaborating over smaller geographies within ICSs. It is important that ICSs cater for providing services at a council and neighbourhood level. This is important as ICSs tend to cover large geographical areas which are not well suited to designing or delivering changes in services to meet the distinctive needs and characteristics of local populations.**

**It is important that the Department of Health focus on:**

- **establishing how the proposed new structures will work in practice, and how they will relate to one another, for example:**
  - **the relationship between the ICS HSC and the Area Integrated Partnership Boards, Community Planning Partnerships and associated Health and Wellbeing Outcome Delivery Partnerships which currently exist within the Council area, including what each will focus on and the balance of power and influence between them.**
  - **the relationship between ICSs and their constituent council areas, including how ambitions to delegate resources and decision-making to those areas can be realised.**

**Collaborating on the development and delivery of health services in the council area has not been easy, and requires local leaders (including HSC leaders as well as council officers and elected members in local government) to better understand each other's challenges, to recognise and respect differences in governance, accountabilities, funding and performance regimes, and to find ways to manage these differences.**

**Any new Framework should ensure that all partners work towards a common goal of delivering on actions identified in Local Community Plans for the area.**

**There may be merit in not having exact division of roles and responsibilities between ICSs and their constituent places as this would allow freedom for this to be determined locally.**

**Q5. 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?**

Agree / Disagree

*(delete as applicable)*

Additional comments:

**Council broadly agree with the establishment of a regional group to ensure accountability and support meaningful service development.**

**It is important that the Department of Health focus on:**

- **establishing how the proposed new structures will work in practice, and how they will relate to one another, for example:**

**the relationship between the ICS, Area Integrated Partnership Boards, Community Planning Partnerships and associated Health and Wellbeing Outcome Delivery Partnership which currently exist within the Council area, including what each will focus on and the balance of power and influence between them.**

**Q6. 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?**

Agree / Disagree

*(delete as applicable)*

Additional comments:

**Council Broadly agree with the establishment of AIPBs to consider the needs of the local population and provide local direction, in line with the strategic outcomes set by the Minister and the Department.**

**Q7. 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?**

Agree / Disagree

*(delete as applicable)*

Additional comments:

**Council broadly agree with the local levels of the model, including the role of AIPBs. These partnerships should be formal arrangements underpinned by contractual mechanisms and/or pooled budgets.**

**There are major questions about how this will work in practice, however the expectation is that place-based partnerships will form a central part of ICSs and local systems will be free to develop their own arrangements, building on existing partnerships where these are working well.**

**Specific areas of disadvantage must be consistent within a new framework, such as rural areas and accessing services and Section 75 groups, particularly those for whom do not make up a large cohort.**

**Q8. Do you agree that AIPBs should ultimately have control over a budget for the delivery of care and services within their area?**

Agree / Disagree

*(delete as applicable)*

Additional comments:

**Council broadly agree that the AIPBs role in joined-up service planning and resource management in order to improve health outcomes for the communities they serve. ICSs will be expected to delegate significant responsibilities and budgets to this level.**

**It is hoped that commissioning will become more strategic, focusing on the planning and funding of new models of integrated care rather than being based on annual contracting rounds.**

**Q9. As set out in Section 10, do you agree with the proposed minimum membership of the AIPBs?**

Agree / Disagree

*(delete as applicable)*

Additional comments:

**Although one Lead from each Community Planning Partnership will be represented on the AIPB it is recommended that Council should also be represented on this Board.**

**The involvement of local government is essential for ICSs to be able to drive meaningful improvements in health and wellbeing. The involvement of local government can enhance transparency and accountability through supporting engagement with local communities and providing local democratic oversight.**

**Q10. 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?**

Agree / Disagree

*(delete as applicable)*

Additional comments:

**Council agrees that each AIPB should be co-chaired by the HSC Trust and GPs.**

**Q11. 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?**

Agree / Disagree

*(delete as applicable)*

Additional comments:

**The expectation is that AIPB's will be free to develop their own arrangements and build on existing partnerships where these are working well.**

**There should be a focus on incremental change, progressively strengthening partnerships and delivering tangible improvements in health and wellbeing.**

## General Comments

Please add any further comments you may have:

**Powers including accountabilities of ICSs should be set out in legislation.**

**To gain a comprehensive understanding of the services provided in the council area it is recommended that a mapping exercise is carried out of services and structures to determine and gaps and/or duplication of services. This is essential prior to AIPBs taking control over the planning and funding of services delivered within their localities.**

**The building of an evidence base needs to be central to the planning model. Both quantitative, analytical data and qualitative patient lived experience and local knowledge from on the ground community groups should be regular and current.**

**An agreed approach to accessible, current and robust data is required for the ICS to be successful.**

Thank you for taking the time to respond to the consultation.

Please submit your completed response by **17 September 2021** using the details below:

**E-mail:**

[OrgChgDir@health-ni.gov.uk](mailto:OrgChgDir@health-ni.gov.uk)

**Hard copy to:**

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