

Integrated Care System NI – Frequently Asked Questions

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Integrated Care System NI

1. How did the need for an Integrated Care System for Northern Ireland come about?

Our health and social care (HSC) system has been under immense and growing pressure for some time. Health inequalities continue to persist and demand from a growing and ageing population has never been greater, placing additional demands and pressures on the system.

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. We know there are opportunities for us within health and social care to be more integrated and work better together. Our current structures need to be streamlined to improve working across boundaries and sectors.

The need for change has been clearly laid out in the report from the Bengoa review [Systems, Not Structures](#) (DoH, 2016) and in [Health and Wellbeing 2026: Delivering Together](#) (DoH, 2016). Our system should be re-designed to make it simpler, less bureaucratic, and more capable of reshaping care and services for the future.

It is more important than ever to ensure we are optimising our resources and getting the best outcomes for our population and staff. To do this we must work in a more joined up way with all relevant partners, including those beyond health and social care. That is the aim of the Integrated Care System for Northern Ireland (ICS NI).

2. What is the ICS NI?

The Integrated Care System brings together a range of partners to plan health, social care, and other services, to improve health and wellbeing and reduce health inequalities in Northern Ireland.

Keeping our population well requires us to think and work differently. Our health and wellbeing are influenced by factors such as where we live, our income and our

education. This requires collaborating with partners outside of health and social care to improve health and wellbeing outcomes and reduce health inequalities.

The ICS NI model is outcomes-based and underpinned by a population health approach. By working closely with our voluntary and community partners, local councils and carers and service users, we will seek to address the whole journey from prevention, through to treatment, and end-of-life care. By transforming how we plan services in this way we can improve outcomes for people in NI now and into the future.

3. What is the aim of ICS NI?

At its core the Integrated Care System seeks to:

- Put the needs of the people at the heart of everything – planning and delivering services based on population need,
- Support people to manage their own health and wellbeing and keep fit and well in the first instance,
- Improve efficiency and capacity making the best use of available resources and support sustainability of services and the wider system,
- Deliver improved integration and partnership working within the Health and Social Care system and beyond, and
- Enable enhanced accountability supporting and empowering staff to deliver safe and effective services and to develop their skills and expertise.

4. What is the structure of ICS NI?

The ICS NI is a single planning system for health and social care in NI, with three core aspects:

- working locally in partnership with others, including partners beyond the HSC, to identify local needs, agree priorities and identify what collective action should be taken to effect change. To support this, five **Area Integrated Partnership Boards** (AIPBs) with local planning responsibilities 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, and
- applying this integrated approach in practice, with the Department of Health's Strategic Planning and Performance Group (SPPG), supported by the Public Health Agency (PHA), commissioning integrated care and services across the system, informed by local and regional collaboration.

5. When will ICS NI launch?

The proposed launch of the ICS NI is April 2024.

The intention is to stand up shadow AIPBs in all 5 areas from this date with the subsequent establishment of the Regional ICS Partnership Forum to align with this roll-out.

The current plan is to commence the recruitment and appointment process of AIPB members across Northern Ireland from January 2024.

The formal establishment of AIPBs requires regulations and these will be brought before the Assembly for approval in due course. Currently, a Test Site is in operating in the Southern Area which provides the opportunity to test the Area Integrated Partnership Board (AIPB) in practice.

6. What is the difference between Shadow AIPBs and Live AIPBs?

Shadow AIPBs have the same functions and remit as statutory AIPBs. Shadow AIPB members will be appointed in the same way. Once Regulations are laid, shadow AIPBs will automatically transition to statutory AIPBs with the same members.

7. Who is leading this work?

The development of ICS NI is being taken forward by a Programme Team in the Department of Health led by Director, Martina Moore. The programme structure includes a number of project strands and workstreams. The programme of work is governed by a Steering Board, chaired by the Department's Permanent Secretary, Peter May.

8. What engagement has taken place?

Key stakeholders from across health and social care, community and voluntary sectors, and service users and carers are represented in all areas of the Programme, providing invaluable contributions to help build the ICS in a collaborative and integrated way.

Engagement and communication have been fundamental to the successful development of the ICS so far and will continue to be central as we progress towards implementation to ensure the commitment and buy-in of those involved.

[The initial work to develop a draft framework](#) was refined via a targeted consultation which concluded in September 2021 with [122 responses from stakeholders and widespread support](#).

A Strategic Outcomes Framework (SOF) was produced with strategic outcomes developed as a result of a bespoke engagement programme in collaboration with the Patient and Client Council (PCC) and ICP Programme Team. Eight focus groups bringing together stakeholders across the HSC system and beyond were set up to identify key indicators.

[A series of breakfast webinars, aimed at a wider audience, concluded in April 2023 and is available to view online](#).

Engagement within health and social care and beyond has been carried out, with further information sessions planned to ensure informative and consistent

messaging is provided at every level. An external eZine, [ICS Connect](#), has been developed with more details on the [ICS NI Programme available on the ICS NI webpage](#).

9. What is the Strategic Outcomes Framework?

The Strategic Outcomes Framework (SOF) will be the vehicle for providing the strategic direction to the whole system. It will reflect Ministerial and Departmental priorities derived from the understanding of people's health and wellbeing needs and priorities.

The SOF is a suite of high-level, wide-ranging population-level outcomes and accompanying indicators, and will be the driver for the planning, management, and delivery of services at all levels of the system.

These strategic outcomes will reflect the vision of health and wellbeing we want to achieve through broad, aspirational statements. 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.

10. How will the SOF link with the Programme for Government?

The outcomes produced for the SOF will be fully aligned to the overarching Programme for Government (PfG). Each strategic outcome will link to one or many of the PfG outcomes, and any progress towards them will feed into impacting the PfG outcomes.

The draft 2021-2026 Programme for Government Outcomes Framework was the subject of a public consultation in the spring of 2021, and its draft outcomes served as the basis upon which the SOF was produced and aligned.

Findings from this consultation have not yet been published and there may be some changes to the draft outcomes. Provisions have been made to review and adapt the SOF accordingly, if and when required.

11. How was the SOF produced?

The design and development of the SOF requires the understanding of people's health and wellbeing needs and priorities. Official data and statistics were used to draw a profile of the Northern Ireland population.

It is widely acknowledged that qualitative intelligence - the perceived and lived experience - are equally important. A series of engagement events took place to gather views and insight from the general public about what matters to them in terms of health and wellbeing with the aim of developing a set of population strategic outcomes for Northern Ireland that fully reflect those.

12. What is the role of the Regional ICS Partnership Forum?

The regional partnership will have a number of roles and functions within the ICS. It will provide the overarching strategic leadership and direction for the AIPBs, as well as oversight functions, undertaking roles in relation to ensuring alignment with the strategic direction as set by the Minister, the Department, and as reflected in the Strategic Outcomes Framework.

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. 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.

Area Integrated Partnership Boards

13. What is an Area Integrated Partnership Board (AIPB)?

An Area Integrated Partnership Board is a local planning body with the overarching aim of improving health and social care outcomes and reducing health inequalities for its local population. AIPBs are partnerships within a local geographical area.

AIPBs will use a population health approach and improved integrated working across sectoral boundaries, taking into consideration the wider determinants of

health when planning care and services in their local area. There will be five AIPBs established across the region. These will mirror the geographical boundaries of our existing Health and Social Care Trusts.

14. How will AIPBs work?

In line with the direction on strategic priorities agreed by the Regional ICS Partnership Forum, AIPBs will identify 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.

AIPBs will look at what is currently being delivered with the assets and resources available across the relevant sectors in their area, collectively assess that against population need and determine where making changes can achieve improved health outcomes.

15. Who will be involved in an AIPB?

The proposed membership of the each AIPB will include representation from across organisations and sectors which have a role in the health and social wellbeing of the population of Northern Ireland. This includes HSC Trusts and primary care, local councils, the voluntary and community sector, and service users and carers.

It is important that AIPBs are able to draw on the knowledge, experience and expertise of a broad range of clinicians, professionals, networks, organisations and other bodies when undertaking their work. AIPBs will engage and include individuals and groups as required. They will draw on the existing infrastructure in their area to do this and engage with regional bodies and networks as appropriate.

16. Who is an AIPB accountable to?

AIPBs will be accountable to the Department of Health.

Each AIPB will produce an Area Health and Wellbeing Plan which will detail actions, agreed by members, to address key priorities for the local population based on the understanding of their health and wellbeing priorities and strategic direction. This plan will be subject to overarching approval by the Department. Individual members will seek and secure approvals for specific actions from their respective organisations where this is necessary and appropriate.

AIPB members will work to support each other in the delivery against the approved plan and in line with their collective responsibility, with each member holding themselves and the other partners accountable for the actions they have collectively agreed to deliver on in their plan.

17. How will AIPBs represent all areas and professions?

AIPB membership is designed to bring together a core of strategic leaders from within a local area. It is important that membership be suitably representative of the various sectors, but it is equally important that it is effective.

Whilst the proposed AIPB membership is broad, not every single aspect or area can be represented in a single group. AIPBs will engage directly with specific areas as required, be that through clinicians, professionals, organisations, local communities, collaboratives and networks, or other subject matter experts.

18. How will AIPB members be appointed?

Members will be appointed via nomination and formal appointment process. All members except Service User and Carer and Voluntary and Community Sector members will be appointed by nomination.

Service User and Carer appointment process will be launched in January 2024 via an Expression of Interest. An information session will be held in advance of the launch providing clarity on any issues raised.

An independent organisation will carry out Voluntary and Community Sector members appointment process, which will be launched in January 2024.

The process of seeking nominations and inviting Expression of Interest for all AIPB members will be complete by 1 April 2024.

Test AIPB

19. What is a Test AIPB?

The Test AIPB has been established to trial a key aspect of the ICS NI model in practice.

The AIPB is being tested in the Southern area since May 2023 with members from various organisations and partnerships already in existence across the local area. These individuals will be members for the purposes of the test only. The test is being overseen by a Regional Working Group with representation from across all organisations and sectors involved in ICS NI and feedback will be important to effectively prepare for the live ICS NI launch.

20. What are the objectives of testing?

The test will analyse the processes required to bring about a functioning collaborative group which includes:

- the role of the AIPB and that of each member,
- how the group operates and their ability to agree on a collective vision,
- the scope of the group's remit and how each partner can commit and contribute to improving health and social care outcomes and reducing health inequalities,
- the robustness and suitability of the information and data and the associated analysis it is provided to support its ability to function,
- the process by which priorities are identified and agreed, and
- the creation of a health and wellbeing plan – the support required to do so, the robustness of the evidence base, its alignment to strategic priorities and its viability.

The test will also provide the opportunity to further refine the roles of strategic support partners and inform how both SPPG and PHA are organised to support the AIPB including the business support required to produce detailed evidence-based plans.

21. How will testing be evaluated?

Testing will be evaluated against a set of defined and agreed objectives and success criteria. Methods will include the circulation of member surveys aligned with the schedule of meetings and activities as well as internal and third-party observations during those meetings, and potentially personal interviews with each member.

External expertise has also been sourced in the form of a Test critical friend who has extensive experience of working in and with Integrated Care Systems worldwide. They will provide continual feedback and observations throughout the Test period.

The Test evaluation will support essential learning and feedback that will help inform the establishment of the five AIPBs going forward. It will focus on the robustness of the organisation aspects, products and information provided - both for format and content - and the interaction between members. This will include whether relationships and levels of trust and understanding are being effectively established. This collaborative work will be used to make decisions and deliver recommendations and plans which focus on improving outcomes and reducing health inequalities for the local population.

22. Who will be responsible for commissioning (or planning and allocating resources to) services?

SPPG with the support of PHA will be responsible for commissioning care and services. They will undertake a population health approach to planning ensuring all decisions are evidence-based and outcomes focussed, and in line with population need.

The principles of collaboration and integration apply, and the planning of care and services must adopt an approach that is inclusive of the input from those with relevant expertise and lived experience.

Planners must demonstrate input from wider partners, and this will be achieved through a number of mechanisms including the use of existing networks.