Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

HSC Health and Social Care

Integrated Care System NI

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Area Integrated Partnership Board Local Government Representative Information Pack

July 2024

SECTION 1 – BACKGROUND INFORMATION

1.1. The Department of Health is inviting interest for members for each of its **shadow Area Integrated Partnership Boards** that are to be established as part of the **Integrated Care System for Northern Ireland (ICS NI)**.

1.2. ICS NI is the new framework for planning health and social care services in Northern Ireland. 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.

The objective is to **improve health and wellbeing outcomes** and **reduce health inequalities** through collaboration and partnership working.

1.3. It recognises that the solutions to the many challenges and issues facing our system cannot be found in traditional ways of working but require a more agile and innovative approach, and they cannot be found by working in isolation. It provides the mechanism to bring together the constituent parts of the HSC system and those wider partners involved in improving the health and wellbeing of our population to work together to find solutions.

1.4. The ICS NI model is outcomes-based and underpinned by a population health approach, that is; looking at the entire life course from prevention, through to early intervention, treatment, aftercare and eventually end of life care.

1.5. ICS NI is a new way of working in terms of planning care and services in Northern Ireland. Within the model there are 3 core aspects:

- working locally in partnership with others to identify local needs, agree priorities, and identify what collective action should be taken to effect change with a focus on prevention, early intervention and community health and well-being. To support this, we will establish five **Area Integrated Partnership Boards (AIPBs)**,
- working regionally in partnership with others to support the work of AIPBs, identify areas for regional collaboration where this would bring the greatest benefit to the whole NI population, and support shared learning. A **Regional ICS Partnership Forum** will be established to lead this approach, and
- applying this integrated approach in practice, with the **Strategic Planning and Performance Group** (SPPG) and **Public Health Agency** (PHA) planning care and services across the system, informed by local and regional collaboration.

1.6. In undertaking their responsibilities for service planning, SPPG and PHA will adopt an evidence-based and outcomes-focused decision-making approach, inclusive of the input from across the system, networks, communities, and service users, in line with the underlying principle of integration.

1.7. Work is currently underway to stand up ICS NI in shadow form from Autumn 2024 to allow for a period of learning and refinement. This will involve a phased approach, with work progressing on the establishment of the Regional ICS Partnership Forum as well as shadow Area Integrated Partnership Boards (AIPBs) in the following areas:

- Southern (transitioning from Test status);
- South-Eastern; and
- Western.

The Belfast and Northern shadow AIPBs will be stood up in due course.

1.8. Further information about ICS NI can be accessed here: Integrated Care System NI.

SECTION 2 – ROLE OF THE SHADOW AIPB

2.1 The shadow AIPB is one component of the overall model and provides a way to bring together a wide range of partners with a responsibility and/or interest in the health and wellbeing of the local population.

2.2 The shadow AIPB enables all partners to work together to tackle the challenges being faced in their local area, drawing together their collective skills, resources and capabilities to develop plans that will deliver improved health and wellbeing outcomes, support sustainability, and ultimately reduce health inequalities. The shadow AIPB will be expected to undertake a population health approach with a focus on **prevention, early intervention and community health and wellbeing**.

2.3 There will be five shadow AIPBs established across NI which will be geographically coterminous with each of the Health and Social Care Trusts and intersect with boundaries of the 11 Councils.

2.4 Each shadow AIPB is a **planning body** for its geographical area with responsibility for:

- identifying the health and social care needs of their local population supported by a population needs assessment and an ongoing relationship with local communities and networks;
- agreeing on the priorities from the identified need, aligned under a Strategic Outcomes Framework;
- developing a plan to meet those needs; and
- taking action within the resources available to support delivery of the plan.

2.5 Shadow AIPB priorities will be determined in line with the identified needs of their local population, and they must operate in line with the overarching strategic direction set by the Minister and the Department. To further support this, the Regional ICS Partnership Forum (RICSPF) will provide shadow AIPBs with guiding planning assumptions to support their work and clarify key strategic priority areas that they should reflect in their local planning approaches.

2.6 It is critically 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 these individuals and groups as required. Importantly, AIPBs will work with existing partnerships and networks to support alignment and remove duplication.

2.7 AIPBs will not commission services and their remit does not extend to making decisions about changing clinical and acute services. Such decisions remain the remit of health and social care bodies, in line with any relevant Departmental and Ministerial direction, as well as with the engagement and involvement of key stakeholders.

2.8 AIPBs do not hold specified budgets, rather they focus on how the available resources that their respective sectors and organisations are being used in terms of wider public health, prevention, and early intervention, working collectively to ensure that they are being utilised in the best possible way to achieve the best outcomes for their population.

2.9 In time, AIPBs will be established in statute in line with the duty set out at Section 15B of the Health and Social Care (Reform) Act 2009. Until such time as the regulations are brought before the Assembly, AIPBs are to be established in shadow form. This means that shadow AIPBs will be established in line with the proposed procedures for the statutory AIPBs and will accordingly undertake their intended role. This will allow the regulations to be informed by any relevant learning from the shadow period. Roll-out of shadow AIPBs commenced from April 2024 with the selection and induction of members, with the shadow AIPBs being established on a phased basis from September 2024 onwards.

Shadow AIPB Membership

2.10 The membership of each shadow AIPB will include representation from across organisations and sectors who have a role and/or interest in the health and social wellbeing of the population of Northern Ireland. It includes representation from across the HSC Trusts, Primary Care – GPs and Pharmacists, as well as local councils, the voluntary and community sectors, and service users, and carers.

2.11 Each shadow AIPB will also have Strategic Partners: one Public Health Agency (PHA) representative and one Strategic Planning & Performance Group (SPPG) representative. The Strategic Partners' role is to co-ordinate the administrative and analytical support and ensure AIPBs make the necessary connections with the wider system to support partnerships undertaking their work.

2.12 The SPPG Strategic Partner will also undertake responsibility to ensure alignment and linkages are made to the relevant Community Planning Partnerships (CPP) in the AIPB area. The role of the CPP and its processes and structures is recognised as the over-arching mechanism to address the wider determinants of health, with AIPBs supporting this work through creating the space and opportunity for more in-depth exploration of health needs and challenges, focusing on more health-related opportunities and solutions. Consequently, the SPPG Strategic Partner to the AIPB will sit on both and make the appropriate linkages.

SECTION 3 – ROLE OF LOCAL GOVERNMENT REPRESENTATIVES

3.1 Evidence shows 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.

3.2 It suggests that, while health and clinical services contribute 20% to improving health outcomes, the population's health is to a much larger extent affected by the economic and social factors (40%) and environmental factors (10%) in which people live and related lifestyle and health behaviours (30%).

3.3 There is also a robust and compelling evidence base to support Community Development as an effective approach in tackling health inequalities[1]. *Making Life Better* and *Delivering Together* acknowledge this and identify it as a key approach within health and social care to reduce health inequalities.

3.4 Local Government representatives are responsible for making decisions on behalf of the local community and Councils undertake a range of roles and responsibilities on behalf of their local population and communities. They provide services and programmes which look to improve the quality of life of their citizens – from improving wellbeing, supporting sustainable economic development to improving the lived environment and neighbourhoods and to facilitate and lead on Community Planning.

3.5 As such their responsibilities extend across areas that contribute directly to the improved health and wellbeing of their communities. From sports, leisure services and recreational facilities, to parks, open spaces, playgrounds and community centres, economic development, and neighbourhood renewal.

3.6 Councils sit at the heart of their communities. They provide access to a wealth of data, information and expertise on the needs of those communities, the challenges, opportunities, and what is currently being done, or is being planned, to meet those needs across the wider determinants of health.

3.7 Connecting the work of Councils, and the impacts they can have on the wider determinants of health, with that of shadow AIPBs will help to support improved health and wellbeing outcomes for individuals and communities.

3.8 In turn, representation on shadow AIPBs will help to ensure that the scope of Council's responsibilities is fully considered and taken account of where relevant to shadow AIPB discussions and proposals.

3.9 Representatives will help enable synergy between the work of the shadow AIPB and that of the Council, helping to identify where there is potential for alignment and complimentary actions and to achieve better coordination of activity.

[1] CDHN Fact sheet on Health Inequalities: Layout 1 (cdhn.org)

3.10 At all times, the work of the shadow AIPB will take cognisance of the statutory remit and responsibilities of Councils, including the priorities and actions detailed in Council corporate plans or statements. Shadow AIPBs will also ensure any relevant need for Councils to secure wider input, or approvals in line with their existing statutory and organisational governance arrangements, is taken into account and accommodated.

SECTION 4 – KEY RESPONSIBILITIES

4.1 Represent and act on behalf of the local community in the Council area with a commitment to link with relevant Council employees, networks, partnerships, or other groups where relevant to support the work of the shadow AIPB.

4.2 To contribute to the creation of a compelling vision for the future health and wellbeing of the local population, with a particular focus on identifying opportunities for synergy with Council plans and activities.

4.3 To communicate this vision within their organisation.

Understanding Need

4.4 To contribute to the development of a collective understanding of the health and wellbeing needs of the local population utilising available population health data and local intelligence from all relevant partner organisations.

4.5 To provide and share intelligence and information relevant to the work of the shadow AIPB that has been specifically gathered, collated, or shared by the Council.

4.6 Help inform avenues for community engagement and support the shadow AIPB with wider engagement.

4.7 To support the collection of local intelligence and sharing of examples of good practice that complement the shadow AIPBs understanding of local need in their identification of priorities.

Agreeing Priorities

4.8 Through analysis of the needs assessment, and in conjunction with the Strategic Outcomes Framework and guidance from the Regional ICS Partnership Forum, agree the priority areas on which the shadow AIPB will focus.

4.9 Identify key linkages with relevant Council plans and opportunities for alignment.

Planning

4.10 Contribute to the development of local Area Plans to address the identified priorities based on a shared understanding of the local population and how people live their lives.

4.11 Consideration of all available financial and performance information, and pertinent issues and challenges, to make informed plans and recommendations – members are responsible for contributing such information from the Council perspective where relevant and/or appropriate.

4.12 Work closely with the Strategic Partners to support co-ordination of the Council contribution to plans, identifying where they are best positioned to lead on delivery against agreed objectives and working to remove any duplication.

4.13 To explore the use and contribution of resources, if appropriate, from the Council to advance shared goals and outcomes in Area plans.

4.14 Support co-production and co-design of shadow AIPB plans.

4.15 Contribute to Task & Finish groups where required to develop local plans.

Connecting with Communities

4.16 To actively contribute to and support direct engagement with local communities, building on existing infrastructure and local arrangements – identifying opportunities for a joined-up approach to community engagement. This will evolve and develop over time.

4.17 To foster and enable communication, engagement, and active participation of local communities with the planning of actions to improve health and social wellbeing and reduce health inequalities.

Effective Leadership

4.18 To be a source of leadership and expertise representing the local community and the Council within the shadow AIPB.

4.19 To engage with and communicate the views of the local community and Council effectively and efficiently as possible to the shadow AIPB.

4.20 Support the building of relationships and trust between shadow AIPB leaders and the Council, encouraging shared responsibility and accountability for collective gains and risks.

Collaborative Working

4.21 To adhere to the principles of parity and inclusion between partners acknowledging the skills, experience and value that each partner can bring.

4.22 To agree clear and transparent ways of working together, having a mutual understanding of each other's existing governance arrangements and structures, ensuring shadow AIPB members are kept informed of relevant changes and pressures across the organisation.

4.23 To work collectively to identify, remove or avoid duplication, ensuring the most efficient use of available resources.

4.24 Identify and promote best practice and learning between partners, encouraging flexibility, agility and innovation to collectively meet and address challenges.

Commitment to Meetings

4.25 To demonstrate commitment to the shadow AIPB structure, through regular attendance at Board meetings and be fully engaged in two-way communication with own sector and the shadow AIPB to facilitate the development of a comprehensive plan.

4.26 To support, lead and participate in shared learning events and keep up to date with issues relevant to the work of the shadow AIPB.

4.27 To ensure adherence to the confidential nature of information shared for the purpose of the shadow AIPB members role.

4.28 To promote the shadow AIPB's role in the community it serves.

SECTION 5 – ROLE PROFILE

Training

5.1 Appropriate induction training will be provided on commencement of the appointment to the shadow AIPB. Further refresher training will be delivered where required. This requirement will be an expected commitment additional to the commitment detailed at paragraph 5.3.

Period of Appointment

5.2 It is expected that a shadow AIPB member will undertake a term of four years pending regulations approval.[2]

Time Commitment

5.3 The implementation of ICS NI is an evolving and maturing process. Shadow AIPB members will typically be required to commit one day per month to attendance at shadow AIPB meetings. There may be a requirement for further work outside of meetings for reading of papers, preview of presentations, or involvement in workshops for the development of plans.

Expense Claims

5.4 This is **not** a remunerated position. Payments are covered under the Departmental circular HSC (F) 14 2024 which lays out what can be claimed and the appropriate rates.

5.1 The member Claim Form will be provided electronically on appointment to the AIPB. For further information relating to allowances, please contact aipb@hscni.net.

[2] Members should note that AIPBs will ultimately be subject to statutory regulations, which will provide further detail upon legislative provision. Prior to this, any membership is based solely on shadow arrangements until formal legislation is enacted.

SECTION 6 – SELECTION PROCESS AND CRITERIA

Selection Process

6.1 Applications are required to be submitted for the position which will be considered by a panel consisting of representation from the Department, NILGA, and an independent lay person. The selection process may be extended to include an interview, by the same panel, depending on the number of applications received. If required, it is anticipated that interviews will be conducted week commencing 9 September 2024. Successful applicants will be notified by the Department.

6.2 The Panel reserves the right to revert to Councils, if required, to support diversity and representation in terms of shadow AIPB membership with regards to e.g. geographical representation, demographics, political representation etc.

6.3 Applications can be completed online. If required, hard copies of the application form and equality monitoring form can be provided on request by contacting aipb@hscni.net.

6.4 Applications must be submitted by **5pm on 6 September 2024**.

Eligibility Criteria

6.5 Councillors must be serving on a local Council within the area of the AIPB as of July 2024.

6.6 Applicants must not be employed by the Department of Health, a health and social care body or a health service body.

Essential Criteria

6.7 Applicants must ensure they demonstrate that they have met the criteria. This needs to be clearly detailed otherwise they will not be considered for the role.

- Broad understanding of current health and social care structures and services and appreciation of key issues affecting population health and social wellbeing,
- Experience in working effectively with a broad range of stakeholders from across the statutory and voluntary/community sectors, as well as with local communities, to achieve agreed objectives in a challenging and changing environment, and
- Demonstration of effective listening and communication skills – including negotiation and influencing skills, and interpersonal communication.

AIPB and Council Area

6.8 A small number of electoral areas within the 11 Councils straddle the geographic areas of two AIPBs. Prospective applicants are asked to consider the information below (illustrated in **Appendix 1**, Local Government Districts and Health and Social Care Trusts). The Department is seeking a **single** Councillor nomination from **each** relevant Council in the AIPB area.

Belfast AIPB – Belfast City Council; Lisburn and Castlereagh City Council

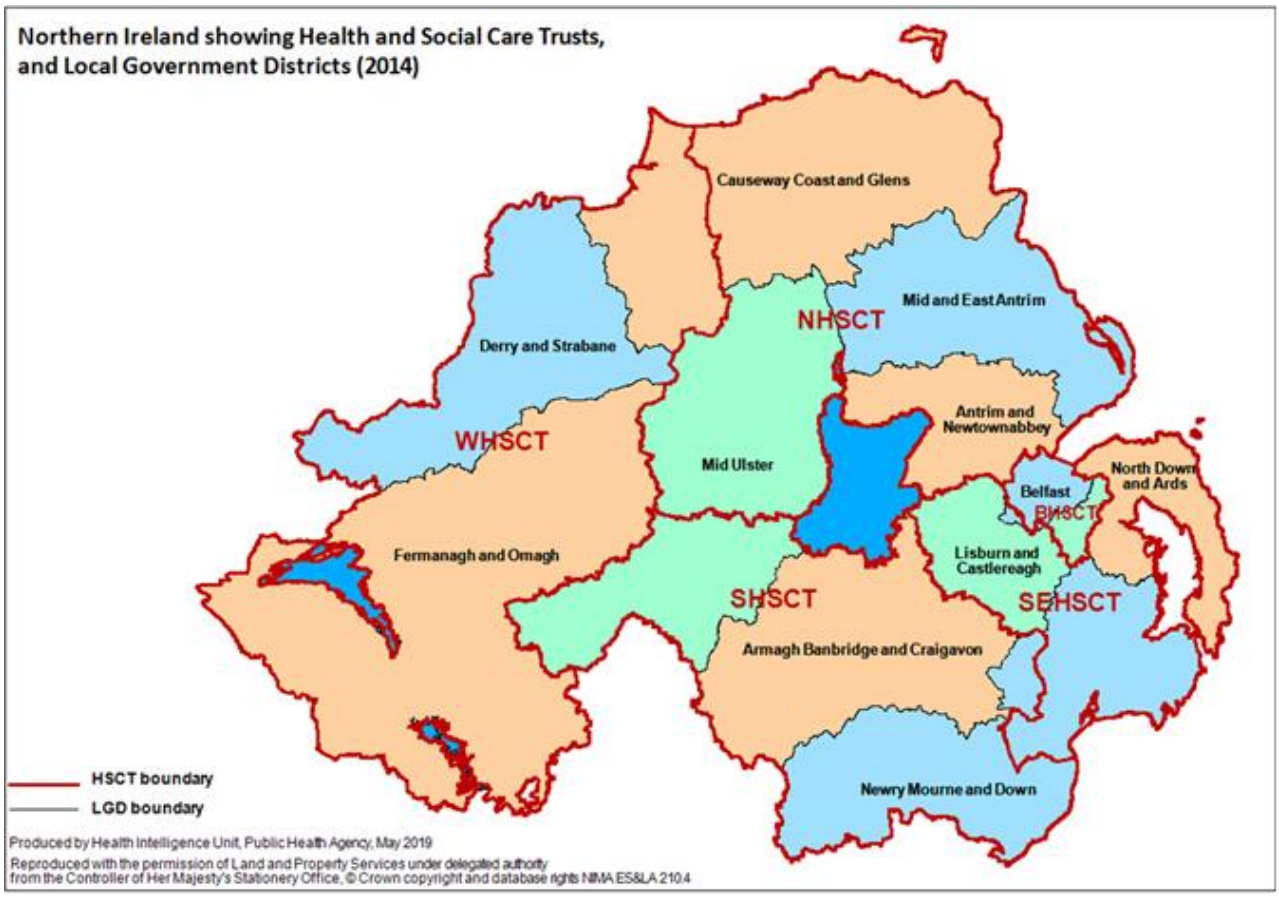
Northern AIPB – Antrim and Newtownabbey Borough Council, Causeway Coast and Glens District Council, Mid and East Antrim Borough Council, Mid Ulster District Council.

South Eastern AIPB – Ards and North Down Borough Council, Lisburn and Castlereagh City Council, Newry Mourne and Down District Council.

Southern AIPB – Armagh City, Banbridge and Craigavon Borough Council, Mid Ulster District Council, Newry Mourne and Down District Council

Western AIPB – Causeway Coast and Glens District Council, Derry City and Strabane District Council, Fermanagh and Omagh District Council.

Appendix 1


Northern Ireland showing Health and Social Care Trusts, and Local Government Districts (2014)
Causeway Coast and Glens
Mid and East Antrim
NHSCT
Derry and Strabane
Antrim and Newtownabbey
WHSCT
Mid Ulster
North Down and Ards
Belfast
BHSCT
Fermanagh and Omagh
Lisburn and Castlereagh
SHSCT
SEHSCT
Armagh Banbridge and Craigavon
Newry Mourne and Down
HSCT boundary
LGD boundary
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