Department of Health
An Roinn Sláinte
Männystrie O Poustie
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

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Are you responding on behalf of an organisation?		Yes
Organisation *(if applicable)*	**Belfast City Council**	

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

The Council agrees that the Integrated Care System (ICS) model is the right approach to adopt in NI and that the power of collaborative working, local-based decision making and leadership presents a huge opportunity to embed the model, support the recovery from Covid-19 and most importantly achieve lasting improvements that will make a real difference to people's health and well-being.

The Council supports the clear commitment and ambition to move away from commissioning and providing services on an individual basis to adopting a whole systems and integrated approach across partners to better meet identified needs.

At its core the ICS is about partnership and collaboration between sectors and organisations. The model will provide a fresh approach to how commissioning and service provision operates, with the opportunity to join up the health and social care sector at every level, to work in partnership with the voluntary and community sector, local government, statutory sector and service users, creating better outcomes and a less fragmented experience for everyone.

The commitment to an outcome-based approach to improving health and wellbeing of our population is welcomed and is a cornerstone of Belfast's approach to community planning. The Council welcomes and supports the commitment to continue to plan and manage services informed by local input and intelligence which underpins the ICS approach. Again, there is clear synergies with community planning, with significant work underway among partners to develop and enable an evidence led approach to planning and delivery.

The emerging ICS framework/ blueprint will help improve the understanding amongst partners beyond the health and social care sector, of the significant contributions they can make by acting together to address the wider determinants impacting upon people's health including a diverse range of social, economic and environmental factors (e.g. housing, employability, community infrastructure, education etc).

There is need to focus on improving health literacy and awareness in parallel to bringing forward the ICS model to increase the understanding across other sectors of the scale and complexity of the health inequalities and challenges in Northern Ireland.

Addressing health inequalities and improving health and well-being outcomes within the city are identified and agreed priorities for the Belfast Community Planning Partnership (CPP) and Council. These outcomes are at the heart of the Belfast Agenda, the community plan for Belfast, as well as the provision of direct Council services and support to citizens and communities (e.g. promoting active lifestyles including leisure provision and sports development; promoting active travel and health improvement; improving mental health and emotional wellbeing (Take 5); supporting those who are in poverty or vulnerable; investment in local assets and facilities; improving employability and skills etc).

The Council is working collaboratively with multi-agency partners to alleviate many of the health inequalities which exist within Belfast, including reducing the significant life expectancy gap which

currently exists between the most and least deprived neighbourhoods by 33%, addressing mental health and emotional wellbeing and supporting vulnerable people with complex lives through the development of an integrated 'whole system' and sustained approach. Therefore, the involvement of local government and linkages to the CPP is essential for ICSs to drive meaningful improvements in health and wellbeing and help address the wider determinants of health as outlined above.

The Council welcomes the opportunity to continue to work with health colleagues' and partners to maximise the opportunities and impact of the new ICS model, including the co-design of following fundamental aspects:

i. Whole system planning;
ii. Policy development and implementation;
iii. Decision making processes;
iv. Budget setting and utilisation of the same;
v. Assets (people, services, buildings) management and redesign/ redeployment;
vi. Population and performance accountability and data capturing processes;
vii. Building, supporting, and challenging collective cross-sector leadership;
viii. Placing community-based services on a sustainable footing; and
ix. Communication and engagement with local communities.

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:

Whilst we support and commend the fact that the model is based on the principle of local level decision making, it is important that we seek to maximise the linkage and synergies with other local structures. The Council welcomes the clear commitment to adopting a collaborative approach to the design, delivery and management of health, social and community services and welcomes the opportunity to work alongside our health colleagues and other partners to maximise the potential that this presents, to adopt a whole system and multi-agency approach to improving health and wellbeing outcomes.

We are pleased that flexibility, agility, and innovation are included within the values and principles, but also note that it is important that they cut across the whole system and in particular future approaches to commissioning, which will encourage and enable new integrated and localised approaches to be considered. We also recognise that it is important that there are clear lines of accountability and transparency around how and where decisions are made, while continuing to allow flexibility for local led change.

We would propose that the principles should refer to applying an Outcomes-Based Accountability (OBA) approach and acknowledging the behavioural as well as cultural changes required to support the model.

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 (Mostly)

Whilst recognising the central role of the Health Minister and Department in setting the overall strategic direction for the new model, we could comment that the exploration and development of the supporting outcomes framework should be on cross-government and inter-sectoral basis. This approach would support the values and principles underpinning the emerging new model including adopting a whole-system approach and recognising the wider determinants directly impacting upon health and well-being.

The Council would suggest that further consideration and definition is given to how the model will operate at multiple levels both strategically and operationally, how community and the prevalence of systemic issues (e.g. deprivation) inform the strategic approach. Further consideration to be given to how to embed a localised approach to co-designing the planning, delivery and evaluation of health and social care services.

It is important that the voice of service users and local communities help shape the overall strategic direction. There is reference made to population health planning in section 6.9 and an OBA approach in section 7.4 of the consultation document. Further consideration needs to be given to how this is applied at a whole system level. Regional measurements need to align with and be informed by local and community impact measures.

The Council would strongly advocate the Minister and the Department having a role in ensuring regional parity of access to services, given the variation and resource pressures which may exist across the various Trust areas impacting upon service levels and waiting lists.

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 (Mostly)

The Council welcomes the focus and principles underpinning the ICS model in terms of supporting local level decision making and a shift of autonomy and accountability to local ICS arrangements.

The Council would commend that in developing the new ICS model, consideration be given to ensuring boundaries are co-terminus with the new 11 local council boundaries to ensure maximum alignment and accountability. The Department will be aware that two Trusts areas (i.e. Belfast HSC Trust and South Eastern Trust) currently cover the Belfast City Council area. This approach would provide a level of local democratic oversight and support local community engagement and a placed-based participatory approach, which underpins community planning, to designing and delivering future services and support. It will be important that emerging ICS arrangements encourages partner organisations to move to an integrated and locality-based approach.

The Council notes that the explanation of the ICS model outlined in page 19 (and Figure 4) of the consultation document, refers to community planning being part of the proposed Area Integrated Partnership Board (AIPB). The Council welcomes the discussions to date with DoH colleagues and looks forward to further engagement to explore how we ensure proper alignment between the emerging ICS model and community planning including understanding roles and expectations as well as appropriate representation and whether this is from the local council, CPP or both, having 1 lead officer represented on the AIPB will not be suffice.

It is important to recognise that community planning is a citizen and locally based statutory instrument which is agile to take account of changing circumstances and needs, including the collaborative approach to responding to the Covid-19 pandemic and supporting vulnerable people within the city. The Council would commend that community planning provides a strong and proven platform to work across government and sectors to create a new collaborative partnership which supports co-design and shared delivery. The CPP, and supporting delivery focused boards, have strong cross-sectoral representation (including community and voluntary sector), commitment and co-operation. An inclusive and participatory approach is the operating model adopted to identify local challenges, priorities and opportunities and to co-design specific inter-agency and cross-sectoral action plans to address these.

The Council would commend that in designing the ICS model, we seek to build upon existing community planning structures as may be appropriate, rather than creating new parallel structures which would add to the already complex operating environment within Belfast. This approach would maximise the contribution and commitment of partners.

Whilst recognising that the ICS and proposed AIPB is still in development stages, the Council and CPP is keen to work closely with you to support and understand how these structures will work in practice and how they will relate to other structures at the various levels being considered.

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

The Council recognises the need for and benefit of establishing an overarching Regional Group which will ensure that a strategic approach is taken to developing and resourcing a Regional Population Health and Wellbeing plan and managing the significant pressures and challenges facing the health system within Northern Ireland. We would also support the role of the Regional Group in monitoring performance and addressing issues which may arise. Also support its role in identifying, assessing and sharing good practice across the region.

The Council welcomes the continued involvement and role of the HSCB and Local Commissioning Groups in developing the new model and the transition to the new approach alongside ensuring that key functions and services are delivered. We also welcome the central role of the PHA in supporting the new ICS model and approach and would commend that an agile and flexible approach is taken to supporting local planning and delivery.

The Council would strongly commend that in designing the proposed regional body, consideration must be given to its relationship with local structures and how the plans and performance framework

links with local level planning. It is also important that we seek to adopt a common approach to developing local delivery plans and associated performance accountability frameworks and measuring success/ impact of services and interventions – adopting an outcome-based approach. In relation to the timeframes outlined in the consultation to bringing forward the new ICS model (e.g. March 2022), we would highlight that a co-design process has been recently started to refresh the Belfast Agenda and publish a new community plan for Belfast (2022-2026) by the end of March 2022.

This provides an opportunity to align the planning and development of the ICS model and the new Belfast Agenda. We believe that both pieces of work should complement each other and it is important that the new community plan for Belfast, particularly the health and wellbeing outcomes, population indicators, priorities and performance measures align with the ICS model, enabling a collective focus on the needs of our populations. The Council and CPP are keen to work with our Department of Health (DoH) colleagues in bringing the ICS model forward and ensuring that the strategic direction and outcomes which may be set by the Minister and Department is considered and inputted into the development of the new community plan for Belfast.

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

The Council would support in principle the proposed creation of Area Integration Partnership Boards (AIPB) but would welcome further discussion on how the AIPB and proposed sub-structures at a 'locality' and 'community' levels relate and align with existing Community Planning structures. Whilst recognising the need for and benefit of strengthening the relationships between health partners (e.g. Department of Health, Trusts and GPs), the wider ambitions of the ICS model in the whole system approach to addressing the wider determinants of health, must be supported through the involvement of a broad scope of partners.

As highlighted above, the consultation document (ref. section 10.6, page 24) refers to 1 lead officer from each CPP being represented on the AIPB. It is important to recognise that whilst Belfast City Council is the convening lead for community planning within the city, the CPP is a cross-sectoral and inter-agency model. We would welcome further discussions on the representation of Council and CPP on the AIPB, as having 1 lead officer from CPP is not suffice and the specific 'ask' from a community planning perspective and how best this can be achieved. We would also wish to highlight that the Council is keen to explore its potential role in the ICS and any supporting governance arrangements in terms of its civic leadership role and strong connections with local communities.

As highlighted above, the Council would strongly commend that in designing the AIPB, consideration must be given to its relationship with local structures and how the model and performance framework links with local level planning. It is important that we seek to adopt a common approach to developing local delivery plans and associated performance accountability frameworks and measuring success/ impact of services and interventions – adopting an outcome-based approach.

We believe it is important to acknowledge and be clear about the role of partners at the locality and community levels in this process, particularly if the AIPB is setting the agenda and making decisions. We would suggest that the indicators, baselines (turning the curve), experiences, priorities and

performance measures are agreed at the local level, to achieve local outcomes. Also, if the model is based on the principle of local decision making how will the ICS model ensure that local people are involved in the decision-making processes? Based on this we would recommend 'bottom up' checks and balances are built into area level decision making.

It is important to note that there is a clear commitment within the Belfast Agenda (community planning for the city) and support from partners to bring forward an integrated area planning model – applying an intensified area lens to community planning and development of integrated area-focused plans. We would also highlight that a co-design process has been recently started to refresh the Belfast Agenda and associated delivery plans for the period 2022 - 2026/27 which will be in place for March 2022. This provides an opportunity to align these processes with the emerging ICS and AIPB model.

As part of the refresh of the community planning and commitment to an area approach, we are also seeking to strengthen the relationships and synergies with other important local structures including the Belfast Area Outcome Group and how we support communities in an integrated way on a North, South, East and West basis. Organisationally, the Council is also seeking to align future community service provision on this basis.

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 (Mostly)

The Council recognises the need for an overarching structure which provides oversight, leadership, and a forum to effectively manage and address tensions across the new ICS system and encourage greater collaboration. It will be important, however, that when developing the AIPB and proposed local and community level sub-structures, they seek to align with existing local structures. It is important that we are clear on the role and contribution of local communities to the development, implementation and evaluation of the strategic outcomes' framework.

We agree that clear lines of accountability and transparency need to be developed around how and where decisions are made, while continuing to allow flexibility for locally led change. It is crucial that the AIPB's have a strong remit to address silo-working within the ICS model.

It is important that when designing the ICS model and associated tiered governance arrangements, that representation ensures the input from across the whole-system and enabling the wider determinants impacting upon health to be considered and planned for.

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

AGREE

The Council supports the role of AIPB in holding budgets for the delivery of care and services within their area. We would recommend that the allocation of budgets across AIPBs is proportionate to levels of need and supporting equality of access to services.

In developing the financial framework for AIPBs, consideration should be given to how the local and community sub-structures can access budgets in an innovative way which supports a participatory and community involvement in the design and delivery of services (e.g. participatory budgeting).

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

AGREE (Mostly)

Whilst recognising the importance of ensuring adequate representation is secured from statutory/ health and medial sectors, we would commend that further consideration is given to how to increase representation from within the community, voluntary, carer and service user perspective on the proposed AIPB or the sub-structures which are still to be defined.

The consultation document (ref. section 10.6, page 24) refers to 1 lead officer from each CPP being represented on the AIPB. It is important to recognise that whilst Belfast City Council is the convening lead for community planning within the city, the CPP is a cross-sectoral and inter-agency model. We would welcome further discussions on the representation of Council and CPP on the AIPB, as having 1 lead officer from CPP is not suffice and the specific 'ask' from a community planning perspective and how best this can be achieved. We would also wish to highlight that the Council is keen to explore its potential role in the ICS and any supporting governance arrangements in terms of its civic leadership role and strong connections with local communities.

It is important to note that Belfast LGD spans across two HSC Trust areas i.e. South Eastern and Belfast Trust areas, which needs to be considered in designing the AIPB.

The Council would commend that careful consideration is given to defining the roles and responsibilities of those appointed to the AIPB and that supporting guidance is developed to ensure a consistent, fair and transparent approach is adopted to appointing board members. This will secure confidence in the new structure.

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

The Council recognises the rational and benefit of the proposed co-chair model being adopted (i.e. (CEO of the HSC Trust and a GP) to establish and importantly stabilise the new AIPBs. We also support the principle that this approach will be initially applied with the AIPB having the ability to determine its chair/ co-chairs going forward and that this would be open to all members of the board.

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
In considering the membership and arrangements for structures and representation at the Locality and Community levels, the AIBP should seek to maximise existing structures, assets and capacity that may exist locally. It is also important that flexibility is built into any process developed to take account of differing local context, community infrastructure and capability which may exist. We note that more work needs to be completed in terms of the role and membership of the locality and community level structures, but believe these roles need to be clearly defined as part of the process, particularly if the AIPB is setting the agenda and making decisions. We would suggest that the indicators, baselines (turning the curve), experiences, priorities and performance measures are agreed at the local level, so that local outcomes are achieved. Also, if the model is based on the principle of local decision making, how will the ICS model ensure that local people are involved in the decision-making processes? Based on this we would recommend 'bottom up' checks and balances are built into area level decision making.

General Comments
Please add any further comments you may have: The Council notes the scale of the task in hand and the need to be cognisant of the pressures as a consequence of ongoing Covid-19 recovery, but we would welcome further detail on the timeframes around the three phased approach to the development of the ICS model.

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

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

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Hard copy to:

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