

## Frequently Asked Questions Future Planning Model – Integrated Care System NI

Q1	<p><b>WHY ARE WE CHANGING OUR COMMISSIONING ARRANGEMENTS?</b></p> <p>Our health and social care system has been under immense and growing pressure for some time. 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.</p> <p>We continue to operate within a constrained financial environment. Our population is living longer and with that comes the increased risk of people living with, and managing, multiple conditions. Health inequalities persist and we see different outcomes for people in the most and least deprived areas of society. These factors add to the complexity of needs that our services in turn must manage and also place additional demands and pressures on the system.</p> <p>The need to change has been articulated in a number of reviews. A Review of Commissioning (undertaken in 2015) found the current system to be overly bureaucratic and lacking clarity of accountability with regard to decision-making. The review also detailed the need for changes to be made in the way we plan, manage and deliver our services. The need for such change was reinforced in 2016 by the Bengoa Report “Systems not Structures” and reflected in our response “Health &amp; Wellbeing 2026: Delivering Together”.</p> <p>Delivering Together clearly articulates the requirement for local providers and communities to plan integrated and continuous health and social care for their local population with regional and specialist services planned and delivered on a region-wide basis. In order to deliver against this vision the development of a Future Planning Model, based on an Integrated Care System (ICS) approach, has commenced.</p>
Q2	<p><b>WHY NOW?</b></p> <p>The challenges our system has faced over the last number of years, compounded by the pandemic, have not been helped by the way that the system is currently shaped. Whilst it is right to acknowledge the challenges we face, it is also important to recognise the opportunities presented to meet those challenges.</p> <p>The response to COVID-19 has highlighted the importance and ability of our various systems and sectors to come together in order to deliver collectively the services and support that individuals and communities need, in the way that they need them.</p> <p>We must take the lessons from this approach, and the lessons we have learned over our longer term transformation journey, to generate the benefits that integrated working can deliver.</p>

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	<p>The closure of the HSC Board is an important and significant step in transforming our system, one that allows us to fundamentally change the way in which we plan, manage and deliver our services for the people of Northern Ireland.</p> <p>The changing landscape we now find ourselves in provides us with the opportunity to do things differently.</p>
Q3	<p><b>WHAT IS AN INTEGRATED CARE SYSTEM (ICS)?</b></p> <p>An ICS approach brings together partners within the HSC and 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.</p> <p>The “<a href="#">Future Planning Model: Integrated Care System NI Draft Framework</a>” defines the NI Integrated Care System (ICS) as:</p> <p>‘A collaborative partnership between organisations and individuals with a responsibility for planning, managing, and delivering sustainable care, services and interventions to meet the health and wellbeing needs of the local population. Through taking collective action, partnerships will deliver improved outcomes for individuals and communities, and reduce inequalities’.</p> <p>An ICS is about partnership and collaboration between sectors and organisations and communities. It is about improving population health through working in a joined-up way, not in silos or isolation. An ICS is about more local level decision-making and, in time as the system matures, giving more control over planning and funding to local areas. It is not about wholesale change to the system but rather allowing the system to make best use of all its assets and resources to meet the needs of the local population.</p>
Q4	<p><b>WHAT DOES AN ICS LOOK LIKE?</b></p> <p>ICS NI is one planning system, made up of component parts at regional and local levels, all inter-linked. No one part of the system will work in isolation.</p> <p>At an area level, there will be <b>Area Integrated Partnership Boards (AIPBs)</b>, made up of representatives from across health and social care and our partners from the voluntary and community sectors as well as local government and importantly our services users and carers. The AIPBs will be responsible for the planning and delivery of improved health and social care outcomes for their respective populations.</p> <p>AIPBs will be public facing, engaging people at a local level and developing strong relationships with their respective communities.</p> <p><b>Locality groups</b> will aid AIPBs in the assessment of their population needs</p>

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	<p>and the delivery of required interventions. The exact number and make-up of these groups is yet to be determined. Early research has indicated the composition of these groups will be largely dependent on the needs of that particular area. Work is now being taken forward to further scope out these needs and provide the relevant guidance on their formation.</p> <p>Helping to bring it all together a <b>Regional ICS Executive</b>, with members from across the system, will enable other regional level bodies and the five area partnerships to work together.</p> <p>The Regional ICS Executive (RICSE) will help develop the culture and new ways of working, in support of mainstreaming integrated care planning and delivery. The RICSE will work to ensure the new Integrated Care System is coherent, with clear roles and responsibilities.</p> <p>Work is ongoing to finalise the membership of the RICSE which will include the DOH, PHA, the Strategic Planning and Performance Group (SPPG), and leaders from the five AIPBs.</p>
Q5	<p><b>WHAT PROGRESS HAS BEEN MADE TO DATE?</b></p> <p>Initial work has been undertaken to produce the “<a href="#">Future Planning Model: Integrated Care System NI Draft Framework</a>”. This document provides the blueprint to the future of planning and managing health and social care services in Northern Ireland. It gives an overview on the proposed system and gives guidance on policies and structures that will be required to establish an ICS in NI.</p> <p>The draft Framework details the population health approach which underpins the model, definitions, vision, values and principles of the model, and how both regional and local aspects of the model will be developed and operate. This document gives clarity of direction where needed, and demonstrates how greater flexibility will allow each part of the system to develop and evolve based on identified need using the resources and assets available.</p> <p>The draft Framework underwent a targeted stakeholder consultation process beginning on 19 July 2021 and closing on 17 September 2021. The Department facilitated a range of workshops in order to broaden understanding and awareness amongst stakeholders; 122 formal responses were received. <a href="#">The report on the analysis of the responses to the targeted consultation on the draft Framework</a> indicates significant support for the proposed direction of travel.</p> <p>In addition, work is underway on various strands of the project to develop the additional detail and guidance needed to help support the set up and establishment of the ICS structures.</p>

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Q6	<p><b>WHAT SERVICES WILL BE PLANNED, AND DELIVERED, REGIONALLY WITHIN THE ICS MODEL?</b></p> <p>The ICS model will see the delegation of decision-making and funding to local levels with the exception of regional and specialised services. Work is ongoing to develop principles for the planning and delivery of these services at a regional level; this will be supported and underpinned by an outcomes based approach. An Integrated Care System for Northern Ireland will have membership at local level reflected at Regional ICS Executive level so the system works as one and does not become fragmented in approach.</p>
Q7	<p><b>HOW WILL THE PLANNING PROCESS CHANGE?</b></p> <p>Improvements and changes to the planning cycle need to be developed to align with the population health approach. Outcomes Based Accountability will be embedded in the new planning process to ensure that all parts of the system are planning together and understand their role in contributing towards the strategic outcomes. This will require a wide range of HSC organisations and stakeholders planning together, in partnership, what they will do at a local level in response to the needs of their local communities.</p> <p>It is intended the planning timeframe will move from annual plans and a focus on short-term pressures, to plans that cover actions over a 3-year cycle to focus on improving longer-term health and wellbeing outcomes.</p>
Q8	<p><b>WHAT IS OUTCOMES BASED ACCOUNTABILITY?</b></p> <p>The Outcomes Based Accountability (OBA) approach will enable the system to place population health at the heart of policy and decision-making. Its aim is to define a set of desired outcomes for a population; in the case of the ICS NI, the whole population of Northern Ireland. This will ensure that all agreed work, initiatives and interventions undertaken within the system is focused towards impacting on and progressing these outcomes.</p> <p>The OBA method ensures that desired outcomes are agreed and defined prior to any actions being taken, working backwards from the end result - the strategic outcomes. A step-by-step approach is taken to what interventions are needed, who needs involved in delivering those, and what success will look like.</p>
Q9	<p><b>WHAT IS THE ICS NI STRATEGIC OUTCOMES FRAMEWORK?</b></p> <p>The ICS NI Strategic Outcomes Framework will provide 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 production of a draft Strategic Outcomes Framework is expected in early 2022.</p>

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	<p>The ICS NI Strategic Outcomes Framework will take the form of 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.</p> <p>These strategic outcomes will reflect the vision of health and wellbeing we want to achieve for the Northern Ireland population, through broad, aspirational statements. Impact will be assessed and measured by several indicators, which will help quantify achievement towards each outcome and provide an insight on how well the system is doing.</p> <p>Each and every activity and intervention, decided or undertaken by the ICS NI, will impact on and contribute to progressing one or many of these population-level outcomes.</p>
Q10	<p><b>HOW WILL THE ICS NI STRATEGIC OUTCOMES FRAMEWORK LINK WITH THE PROGRAMME FOR GOVERNMENT?</b></p> <p>The outcomes produced for the ICS NI Strategic Outcomes Framework 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.</p> <p>The <a href="#">2021-2026 Programme for Government Outcomes Framework was the subject of a public consultation in the spring of 2021</a>, and its draft outcomes served as the basis upon which the ICS NI Strategic Outcomes Framework was produced and aligned.</p> <p>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 ICS NI Strategic Outcomes Framework accordingly, if and when required.</p>
Q11	<p><b>HOW WAS THE STRATEGIC OUTCOMES FRAMEWORK PRODUCED?</b></p> <p>The design and development of the NI ICS Strategic Outcomes Framework 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, but it is widely acknowledged that qualitative intelligence, the perceived and lived experience are equally important. A series of engagement events took place during October and November 2021 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.</p> <p>These engagement sessions were aimed at capturing and understanding people’s needs and priorities through feedback, expression of concern and the lived experience of attendees. Sessions took a two-stage approach where initial workshops provided the background and key objectives of the</p>

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	<p>project, and gave attendees the opportunity to share their views and thoughts around their health and wellbeing needs. Follow-up sessions, running between November 2021 and January 2022, focused on the production of draft strategic outcome statements which reflect the captured insight and intelligence, and identify emerging themes and priorities.</p> <p>Once those outcomes have been finalised, consultations with policy leads and colleagues across the wider Health and Social Care sector will enable the identification of a set of accompanying indicators, which will aim at measuring the impact made in improving those outcomes.</p>
Q12	<p><b>HOW WILL FUNDING CHANGE IN AN INTEGRATED CARE SYSTEM?</b></p> <p>Funding can be a barrier to change, so a new funding model will need to be developed that supports an integrated approach. We must ensure money reaches the right place to deliver the maximum health outcomes for service users and local populations. This must be done in a way that is fair, sustainable and deliverable.</p> <p>Whilst it is appreciated development of a funding model is extremely complex, work has commenced with the appointment of a consultancy firm to undertake a research exercise into appropriate funding models and their suitability in a Northern Ireland context.</p>
Q13	<p><b>WHAT IS NEXT?</b></p> <p>The Bill to close the HSCB has received Royal Assent; the Health and Social Care Act (Northern Ireland) 2022 became law on 2 February 2022. This places a duty on the Department to bring forward regulations on the local area bodies (Area Integrated Partnership Boards) which will be central to the development of local aspects of the ICS model. Work on these regulations will commence in early 2022. Further detail will be developed over the coming months regarding the implementation and operation of the ICS as the various project workstreams progress their work.</p> <p>This will include the production of a draft Strategic Outcomes Framework which is expected in early 2022.</p>
Q14	<p><b>WHO IS INVOLVED IN THIS WORK?</b></p> <p>Key to the development process to date has been the involvement and engagement of a wide range of stakeholders from across the HSC and beyond. These include the Department, HSC Board, PHA, HSC Trusts, colleagues from Primary Care, Patient &amp; Client Council, Voluntary and Community sectors, service users and carers, Local Councils and Community Planning Partnerships.</p> <p>This involvement and engagement continues to develop and expand and will be a key aspect of how we move forward.</p>

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Q15

**HOW DO I GET INVOLVED?**

This work is being co-lead by Martina Moore, Director of Organisational Change, DoH, and Paul Cavanagh, Director of Commissioning, HSCB. There are a number of workstreams in place with membership from across the system working to design the ICS model. If you would like to know more or get involved in that work please get in touch with the relevant teams.