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/ *(delete as applicable)*
Organisation *(if applicable)*	**Royal College of Occupational Therapists**	

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 (in principle)

Additional comments:

The Royal College of Occupational Therapists welcomes the move to an Integrated Care System. However, this framework lacks a clear acknowledgement of the need to achieve integration between all parts of the health and social care system, and more detail about how integration will be achieved is required.

Integrated Care System (ICS) description lacks depth, detail or structure
The information contained sounds very positive; however, more detail is required if it is to be a blueprint for how we will plan, manage and deliver services in NI.

4.4 points to what the Integrated Care System will do but needs more substance on how that will be achieved.

Some descriptions give the impression that it is all going to be worked out as it develops. We have no objections to getting on and establishing the new model and adapting and doing iterations as it develops, however some critical elements need inclusion from the start: such as proper communication structures, clear lines of accountability, management, levels of responsibility, funding streams, quality assurance and governance. We believe the premise for these could be clearer in the description and a definition presented along with an indication of how the ICS intends to integrate the planning, funding and purchasing of care across acute care, general practice and community, and social care as well as provided by statutory, independent and community voluntary and charitable providers.

We would like more evidence around the structures, skills, and capabilities needed. Descriptions such as *3.4 'As partnerships are developed and mature this will see increased autonomy, with greater levels of decision making and control over funding devolved to local areas'* gives the impression that it is all dependent on everyone just doing it. Partnerships may need direction, enablement, and skills training to reach this point of maturity. It is important that it does not end up being led by other dynamics such the loudest voice, more influence or resources to lobby best.

It must be clearly led, truly person focused, based on evidence and population need in the design and planning as well as the measurement of effectiveness and evaluation methods from the outset. If it is down to each partnership to be autonomous and able to decide on any kind of services, there will still need to be parameters. It will be important that it also is aligned with regionalisation of some services and that it tackles the wider societal issues related to health inequalities and public health. What are the specific consistent elements and where can flexibility be built in to reflect each locality?

A clearer description is needed
This following description is more aligned to where the focus should be placed, which is about the actual integration.

'The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care.'.

King's Fund (updated May 2021) *Integrated care systems explained: making sense of systems, places and neighbourhoods* *https://www.kingsfund.org.uk/publications/integrated-care-systems-explained#legislative-change*

We would like a clear mapping out of all the services and voluntary and community provision now and what is happening in and across the system. There is, for example, the regionalisation of Mental Health services following the Mental Health Strategy; there is the Reform of Adult Social Care, and the Intermediate Care Project Board developing a more regional approach. How are these to be integrated? How is health and social care integrating across the basic level of health and social care? Northern Ireland is said to have an integrated health and social care system, but we would question the effectiveness of that integration. We would also question recognition in the system of who the key stakeholders are and what each part can contribute to the overall ambition to have an integrated framework. This is where at the strategic level we could begin to look at each professional group, along with the community and voluntary sector with a focus on regional, area and local services in true co-design and co-delivery, involving those with lived experience and then see how we design a structure now. This is to ensure there is going to be a proper framework to integrate the other elements.

Working across boundaries must begin with policy design, planning & budgeting.
2.2 The *outcomes-based approach encourages people and organisations to think and work outside of their boundaries to solve the wide ranging and long-term issues ……*
We would appreciate greater detail about the change process: people need to see examples; they need information or workshops on how to think outside boundaries and some kind of structure on the development of ideas is necessary. Working across boundaries must begin with policy makers at the design, planning and budgeting stage and include stakeholders.

Occupational therapists are already a bridge across departments and agencies and their expertise and skills should be utilised in developing outcomes and plans.
Occupational therapists in Northern Ireland are very familiar with working across boundaries. They work in trusts, across health and social care services across all levels of services. They also work across other departments and sectors such as: housing, education, prisons, the voluntary and independent sectors, and vocational and employment rehabilitation services. Our concern is in the aspirational compared to the actual in this document. Whilst the Programme for Government is encouraging others to think and work outside their boundaries, we would like to see policy makers leading by example and when developing policy, it would be very positive if there were actual opportunities for all key stakeholders to be involved in the inception of ideas (not just at consultation stage) and a much bolder approach to join policy at the design and planning part of the process. This would then be translated more easily to an ICS with this joint approach established at the outset.

Authentic representation of key stakeholders in design and planning
If key stakeholders and the correct people are not represented at key points in decision making a number of key elements will be missing and what is developed will not be reflective of what could be achieved through true co production. An example could be in linking up elements of health and social care with a properly integrated voluntary and community sector (as proposed in the draft for a single mental care health system). However, there needs to be assurance that it is going to be as reliable, quality assured,

safe and inclusive etc as any kind of statutory service (with connected governance structures) to develop this true integrated partnership. Investment is also a very critical component. Additionally, investment will need to take place at ground level in terms of a change management process including training and, culture change.

A clear unambiguous framework is needed to develop an Integrated Care System. 2.7 We fully agree '*there is a clear need to do things differently'* and we believe that is right through the system and it needs a clear and proper plan

We would like to see something more substantial described overall such as the NHS England and NHS Improvement 2021 'Integrated Care Systems: design framework' (June 2021) where it describes future ambitions on page 3 and 4:

This document begins to describe future ambitions for:

- *the **functions of the ICS Partnership** to align the ambitions, purpose and strategies of partners across each system*
- *the **functions of the ICS NHS body**, including planning to meet population health needs, allocating resources, ensuring that services are in place to deliver against ambitions, facilitating the transformation*
- *of services, co-ordinating and improving people and culture development, and overseeing delivery of improved outcomes for their population*
- *the **governance and management arrangements** that each ICS NHS body will need to establish to carry out those functions including the flexibility to operate in a way that reflects the local context through*
- *place-based partnerships and provider collaboratives*
- *the opportunity for **partner organisations** to work together as part of ICSs to agree and jointly deliver shared ambitions*
- ***key elements of good practice** that will be essential to the success of ICSs, including strong clinical and professional leadership, deep and embedded engagement with people and communities, and streamlined*
- *arrangements for maintaining accountability and oversight*
- *the key features of the **financial framework** that will underpin the future ambitions of systems, including the freedom and mechanisms to use resource flexibly to better meet identified needs and to manage*
- *financial resources at system level*
- *the roadmap **to implement new arrangements** for ICS NHS bodies by April 2022 to establish new organisations, appoint leadership teams to new statutory organisations and to ensure that people affected by*
- *change are offered a smooth transition that allows them to maintain focus on their critical role in supporting recovery from the pandemic.*

Available at: https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf Accessed on 27.09.21

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:
Some suggestions for inclusion:

- Elements of the model such as some kind of collective leadership and collective decision-making process, or how to reach agreement were included as principles that needs commitment to.

- All partners will agree on data collection that is meaningful and consistent across all services so like for like is being measured.

- *'Draw on the experience and expertise of professional, clinical, political and community leaders and promote strong clinical and professional system leadership'* (taken from NHS England and NHS Improvement 2021 Integrated Care Systems: design framework mentioned previously)

- Ensure there is representation of key stakeholders in order to plan effectively

- Development of joint outcomes with responsibility across all stakeholders to ensure we all succeed together. Ultimately, we all want to see that integrating care will mean joined up care between GPs, home care and care homes, community health services, hospitals, mental health services, social care and health as well as across community and voluntary services as well as councils and community planning so people and communities get better services when and where they need it. We want to see the gaps filled in such as having access to good rehabilitation services with responsive pathways. We want to see health not just being a reactive response to a condition, illness or injury but also how we design environments, our education systems and public health to support this.

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 (in principle)

Additional comments:

Whilst we agree to the Minister and the Department in setting the strategic direction, we are concerned it may be a conflict for the Minister and department to set the strategic direction and expected outcomes and also hold the system to account. We would like more detail on the mechanisms intended to do this. There is still a lack of clarity around who will be involved in informing the overall model or how accountability will be monitored and measured. We are not clear if there will continue to be a statutory requirement to have approval by the Public Health Agency in relation to commissioning priorities.

7.2 In drawing up the population's health and wellbeing profile, we hope this will also reach out to hard-to-reach groups and those who are often excluded, such as people in care homes. How will it be ensured that the right information is being collected across the system and that what is being measured will do this. RCOT are concerned that those who fall outside the scope of key target groups will not have their needs met unless they are clearly included in any population planning and measurements. Although their presentations vary greatly e.g., learning disabled, enduring mental illness, neurological conditions, visual and sensory impairment, there needs to be thought how to make sure planning is inclusive of outcomes for everyone. Social Determinants should be key components of all outcomes (housing, employment, education) as well as developing a trauma informed society.

Presently the HSCB is required by statute to prepare and publish an annual Commissioning Plan, in partnership (by consulting and getting approval) with the Public Health Agency (PHA), in response to the DoH issuing a Commissioning Plan Direction. Local Commissioning Plans are developed and co-produced by each LCG resulting in a combination of a regional and local approach to commissioning. Membership of the Local Commissioning Groups include an Allied Health Professional from a specific range of eligible AHP Professions. If we are interpreting 9.4 correctly, we understand it is suggesting that AHP involvement will continue. **Allied Health Professions need to be represented equitably at a decision-making level in any new model.**

The statutory requirement for professional advice into the commissioning process from an AHP perspective which is currently provided by the PHA is necessary to ensure the delivery of safe, effective and integrated services in line with Delivering Together. It is important that this is considered and planned for in the new integrated care system at a regional and local level and that the staff providing this have both capacity and capability to do this

7.5 states that the Strategic Outcomes Framework will be developed with *key representative groups,* however there is no detail as to who is on these groups.

With the loss of the Health and Social Care Board it is important to ensure that safeguards in existing structures are carried across to new ones and to consider where they are best placed.

Occupational therapists enable occupations which include day to day activities they work with people in their communities. They have a very substantial role in not just health but also social care, in areas such as reablement, rehabilitation schemes, housing adaptations, wheelchair services, assistive technology and specialist equipment and we would like these all to be considered more robustly in any new commissioning structures

We would like assurance that clinicians such as occupational therapists are recognised for their knowledge and skills to ensure their specific input and professional oversight (as well as other AHPs) is sought in any development of plans. We believe that recognition, awareness, and acknowledgement of the expertise from all clinical professions as well as other key stakeholders such as the voluntary and community sector would help refocus on a more positive strategic direction.

Presently professions such as occupational therapists can be trapped in an outdated system which perpetuates an outmoded response. This is a time to look forward positively to how true integration could happen and more positive initiatives from across the system jointly will help achieve desired outcomes, so that service users, families and carers see the right person, in the right place, at the right time.

7.6 includes that the Strategic Outcomes Framework will align with the over-arching Programme for Government Key Priority Areas, adopting the Outcomes-Based Approach. This sounds positive and will put a common focus for all of us on the key areas, as long as the policy planning is joined up with budgets and intelligence, with Personal and Public Involvement and agreed outcomes worked out in a truly joined up way.

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 (in principle)

Additional comments:

As specified in out answer to the first question we would like more detail and clarity.

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 (in principle)

Additional comments:

'A Regional Group will provide an oversight, co-ordination and support role for the wider model. The Group will hold responsibility for the associated governance and accountability functions, and the coordination of the planning and delivery of regional and specialised services' p 18'

RCOT believes everyone should be clear about their role in making the vision reality. There is no clear information on the composition of the Regional Group, so this immediately means that with this gap in information it is difficult to completely agree, as we do not know what we are agreeing to.

There is a critical need for the group to be multi-disciplinary to undertake this oversight, co-ordination and support function. RCOT strongly recommend that there should be adequate and equitable professional representation including Allied Health Professional inclusion on the Regional Group to ensure effective governance and professional input and oversight.

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 (in principle)
Additional comments: In principle, the proposal for Area Partnership Boards appears to be inclusive and provide the opportunity for local decision making and opportunity to deliver healthcare based on population need. More detail is needed as to their capacity for decision making and how this will fit within the overall system. The ICS structure needs to facilitate a new way of working. As mentioned previously in Q1 this all needs to be clearly laid out.

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 (in principle)
Additional comments: There is not enough detail and April 2022 is very ambitious to get all of these things in place. Very substantial support will be needed. Multidisciplinary teams are not yet properly resourced and there needs to better groundwork described here in terms of preparation, including the integration in the existing services. With the proper level of engagement with all the key stakeholders and planning around the framework, much could be achieved quickly as it is critical that we refocus what is happening in Northern Ireland.

Q8. Do you agree that AIPBs should ultimately have control over a budget for the delivery of care and services within their area?
Agree (in principle)
Additional comments: We made points in answer to the first question that there needs to be a proper development of AIPBs including training and investment in their development and also a structure to where they are going to develop the skills and also to have the structure to be able to do this successfully. Accountability, monitoring evaluation etc all need to be in place.

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

Agree (in principle)
Additional comments: There must be certain critical elements built in such as involvement of frontline health and social care professionals, in decision making and service development in partnership with service users and community and voluntary sector organisations to drive the change and innovation needed. Allied Health Professions must be included in the membership.

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 (in principle)
Additional comments: However, there should be an agreed model and decision-making process once established.

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 principle)
Additional comments: We agree with the premise that the Integrated Care should be redesigned and there should be flexibility built in according to particular needs and circumstances, as long as certain critical elements are guaranteed.

General Comments
Please add any further comments you may have: Through the various reviews and reports, from Donaldson to Bengoa, it has been identified that we must transform how we plan and manage our services to meet the needs of our growing and changing population. It was concluded the current system is complex, bureaucratic and no longer meets the needs of today's society, and as part of that process moving forward, the decision was made to close the Health and Social Care

Board and now we are developing the Integrated Care System Framework. It will be important that it does not become equally complex. Emphasis on digital transformation is also key. Technology has opened up many opportunities in how to deliver services. It will be important to ensure that this is done equitably.

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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