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

Personal details		
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Are you responding on behalf of an organisation?		Yes
Organisation *(if applicable)*	**British and Irish Orthoptic Society**	

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

(delete as applicable)

Additional comments:

BIOS broadly supports the move towards the ICS model in Northern Ireland, as a positive move to consolidating the integration of health and care systems. In particular, the focus on collaborative working has the potential to create more joined up services, which benefit patients throughout the life-course of a condition. Orthoptic input to Eye Care services in Northern Ireland includes working towards a regional workforce and equitable access to services, no more evident than the creation of Paediatric Ophthalmology HUB and spoke models, as well as collaborative transformation of the Eye Emergency Referral Centre in Royal Victoria Hospital, Belfast, both encompassing medical, community optometry support and local Orthoptic input if required.

However, the success of this approach in Northern Ireland will depend upon the way it is implemented, and there are a number of issues that require further clarification which we discuss below, in particular, the lack of any explicit requirement for the representation of Allied Health Professionals, such as Orthoptists, in the process.

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:

BIOS supports the values and principles identified, and particularly welcomes the focus on working collectively and placing the patient at the centre of the model. However, as we return to in a number of the responses below, the failure to ensure professional representation in the process puts at risk many of these principles. In particular, the principle of identifying and promoting best practice would be greatly strengthened in practice by ensuring engagement with those with professional expertise.

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

(delete as applicable)

Additional comments:

BIOS agree that the Minister and the Department should continue to set an overarching strategic direction and expected outcomes. The focus on health inequalities is particularly welcome but it would be reassuring to see a specific focus on ensuring parity of access to services across NI. Devolving decision-making to a local, rather than regional, level does increase the likelihood of greater variations in the standard of health and social care services available to people in different areas.

It is positive to see that the strategic outcomes framework is to be developed in collaboration with other stakeholders. We would welcome a commitment to engagement with AHPs to ensure that expected outcomes are deliverable and reasonable. Further, given the recognition of the wider determinants of health and wellbeing, we would encourage other departments across government are involved in the development of the expected outcomes.

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

(delete as applicable)

Additional comments:

BIOS agree with the general approach, based on the principles of local decision making, however, we would welcome further detail on exactly how the different tiers will relate and therefore how decisions will ultimately be made. This may also lead to a lack of transparency in decision making.

Of particular concern is the lack of any requirement for AHP input in the process as currently detailed. While there are general references to the involvement of frontline health and social care professionals in decision making, as the second largest workforce in Northern Ireland, involving professionals such as Orthoptists with significant experience of working as part of wide Multi-Disciplinary Teams (MDTs), their involvement is essential to ensuring the safety and quality of services. A legal requirement to ensure AHP oversight of services is crucial.

We are also concerned that, combined with the work in relation to Duty of Candour, this could create more risk, and create more litigations, for individual staff. If the Department is responsible for planning, but not accountable for the clinical side, it could make health professionals in Band 5, 6, and 7 accountable, by moving litigation to the frontline, shifting accountability to the professionals rather than the system. While clinicians clearly have responsibility for patient safety, shifting responsibility onto the shoulders of clinicians rather than the organisation is unfair. Further examination and clarification of the links between these areas of work is necessary.

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 *(delete as applicable)*
Additional comments: We agree that a Regional Group should be established to undertake oversight, co-ordination and support function for the ICS. This will be particularly important in removing regional variation in access to essential services. In orthoptic services this is particularly evident in stroke support and SEN services in special schools: for example, a recent SEN population increase, between academic years 2020/21 and 2021/22, has not seen equal funding provided to Orthoptic Departments across NI to meet this need. Regional co-ordination will also be vital to ensuring the provision of specialist services, where it makes sense to avoid duplication and inequity, such as the Specialised Ophthalmic Services for Glaucoma, Medical Retina, Vitreo-Retinal.

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 *(delete as applicable)*
Additional comments: We agree that the creation of bodies at this level to deliver improved health and social care outcomes and reduce inequalities is the correct approach.

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

(delete as applicable)

Additional comments:

AIPBs should have the responsibility for the planning and delivery of services within their area, however, the success of this will be dependent upon the degree to which they are able to utilise the knowledge and expertise within their local areas. Once again, it is concerning that there is no requirement for professional expertise to be used: this is essential to ensure an effective planning approach to new integrated services. A lack of professional input could also lead to regional inconsistencies.

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

Agree

(delete as applicable)

Additional comments:

We agree that AIPBs should ultimately have control over a budget for the delivery of care and services within their area, as it allows for flexibility in responding to local need. However, the details of any new funding model to facilitate this approach will be key to the ability of AIPBs to successfully fund necessary services; budgets should be proportionate to need.

Further, as mentioned above, without professional involvement, there is a danger that the Boards could begin to place an increasing focus on cost over the needs of the patients and the quality of services – this qualitative, patient-centred view should come before the focus on cost.

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

Agree

(delete as applicable)

Additional comments:

BIOS broadly agrees with the proposed minimum membership of the AIPBs but would welcome a commitment to a representative of AHPs. AHPs are often represented by other

professionals at Board level within Trusts and it is essential that this is not reflected at AIPB level. AHPs play vital roles across healthcare, including public health prevention and early intervention, therefore the expertise will be vital in ensuring the success of services. This also reflects the concerns voiced above, that AIPBs should be designed to ensure that professional expertise is called upon to ensure the quality and safety of services.

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

(delete as applicable)

Additional comments:

We agree that the initially AIPBs should be co-chaired by the HSC Trust and GPs; this would seem to reflect and encourage the collaborative approach and partnership working intended in the Framework.

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

(delete as applicable)

Additional comments:

We 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. If the intention is for an increase in local decision-making in delivering health and wellbeing, the degree to which this process is able to feed into and influence the area level will be crucial.

General Comments

Please add any further comments you may have:

While we recognise that is in the early stages, we would like to see a more complete breakdown of the timescales for the development of the model, as well as the likely opportunities for further input.

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

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

E-mail:

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Hard copy to:

Department of Health
Future Planning Model
Annex 3
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