



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



Health and
Social Care



**Integrated Care
System NI**

Integrated Care System NI

Shadow

Area Integrated Partnership Board

Service User and Carer

Role Description

February 2024

SECTION 1 – BACKGROUND INFORMATION

Background

1.1 ICS NI is the new commissioning framework for 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.

1.2 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.

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

1.4 ICS NI is a new way of working in terms of planning and commissioning 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. To support this, we will establish five **Area Integrated Partnership Boards**,

- 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)** commissioning care and services across the system, informed by local and regional collaboration.

1.5 In undertaking their responsibilities for the commissioning, 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.

1.6 SPPG remain responsible for the associated financial and performance management of services commissioned, and PHA remain responsible for the relevant clinical/professional input and expertise, as well as their duties in relation to health improvement and health protection.

SECTION 2 – ROLE OF THE AIPB

- 2.1 The AIPB provides the 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 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.
- 2.3 Each 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
 - making recommendations on actions within the resources available to support delivery of the plan.
- 2.4 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 AIPBs with guiding planning assumptions to support their work and clarify key strategic priority areas that they should reflect in their local planning approaches.
- 2.5 SPPG and PHA will continue to undertake the statutory responsibility for commissioning on behalf of the Department. including that necessary to give effect to any health and social care element of the AIPB plans when approved.
- 2.6 AIPBs will be introduced in shadow form initially to allow a period of running whilst the system is embedding across health and social care and with partner organisations.

SECTION 3 – ROLE OF THE SERVICE USERS & CARERS

3.1 The inclusion of Service Users and Carer Involvement Advisors aims to bring the voice of users and carers from within the local population to the planning table ensuring their views and perspectives are fully considered and understood across the AIPB.

3.2 Sections 19 and 20 of the Health and Social Care Reform Act (2009)¹ places a statutory requirement on each HSC organisation to outline how service users and/or carers to whom care is, or may be provided, will be involved and consulted on:

- The planning of the provision of care.
- The development and consideration of proposals for changes in the way that care is provided.
- Decisions to be made by the body who has the responsibility for the provision of that care.
- The efficacy of that care.

3.3 Placing the voice and experience of service users and carers, and by extension that of wider communities, at the heart of this work will enable partners to complement their understanding of what people need, what is working locally and what can be improved, and crucially how they can jointly deliver improved health and wellbeing outcomes for everyone. The mechanism to achieve this will develop and evolve over time.

¹ [The Health and Social Care \(Reform\) Act \(Northern Ireland\) 2009 \(“the Reform Act”\)](#)

SECTION 4 – KEY RESPONSIBILITIES

- 4.1 To contribute to the creation of a compelling vision for the future health and wellbeing of the local population. With a particular focus examining the opportunities to bring wider views and perspectives of existing or potential service users and carers and identifying opportunities for collaborative approaches within local communities.
- 4.2 To communicate this vision within and across wider communities, networks, and peer groups formal or informal, as a champion of ICS, with the assistance and support of Trusts, SPPG and PHA colleagues.

Understanding Need

- 4.3 From a lived experience perspective, 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.
- 4.4 To inform and support the understanding of shared intelligence and information relevant to the work of the AIPB that has been specifically gathered, collated, or shared through service users and carers, or wider community, engagement where known/available.
- 4.5 To examine opportunities for the AIPB to fulfil its statutory duty of involvement when developing plans by helping to identify mechanisms and opportunities for community engagement to support the AIPB with wider engagement.
- 4.6 Help inform avenues for community engagement and support the AIPB with wider engagement.
- 4.7 Whilst Service Users and Carers form part of the core membership of Shadow AIPBs, it is the responsibility of each member to draw on the experience and expertise of others where required. Local intelligence and examples of good practice will complement the 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 agree the priority areas which the AIPB will focus on.

Planning

4.9 Support, challenge and contribute to the development of local Area Health and Wellbeing Plans to address the identified priorities based on a shared understanding of the local population and how people live their lives.

4.10 With the use of financial and performance information provided to the AIPB, make informed plans and recommendations, reflecting the views and perspectives of service users and carers.

4.11 Support co-production and co-design of AIPB plans.

4.12 Contribution to Task & Finish groups where required to develop local plans.

Connecting with Communities

4.13 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, service user and carer engagement. This will evolve and develop over time.

4.14 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

4.15 To possess leadership skills and expertise on service user and carer experience and insight within the AIPB, and work to promote and support the work of the AIPB amongst wider communities, networks and peer groups, formal or informal.

4.16 Help build relationships and trust between AIPB members and the wider service user and carers, communities and local populations.

Collaborative Working

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

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

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

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

Commitment to Meetings

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

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

4.23 To ensure adherence to the confidential nature of information shared for the purpose of the AIPB members role and ensuring nothing is shared further.

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

SECTION 5 – ROLE PROFILE

Training

5.1 Appropriate and bespoke 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 an AIPB member will be formally appointed for a term of 4 years following 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 1 day per month to attendance at 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 Payments to Service Users and Carers are covered under the Departmental circular HSC (F) 12-2021. This circular lays out what Service Users and Carers can claim.

5.5 Where required claims should also be accompanied by supplemental evidence to show proof of amount of reimbursement required.

5.6 Service Users and Carers can claim for:

- Travel and Subsistence
- Support and additional care costs
- Replacement care cover

² Members should note that AIPBs are 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.

- Other support costs (as outlined in HSC (F) 12-2021 which can be accessed via [doh-hscf-12-2021.pdf \(health-ni.gov.uk\)](#))

5.7 The Service Users and Carers Expenses Claim Form will be provided electronically on appointment to the AIPB. For further information relating to allowances, please contact aipb@hscni.net.