



Department of  
**Health**  
An Roinn Sláinte  
Máinnystrie O Poustie  
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Health and  
Social Care



**Integrated Care  
System NI**

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# Integrated Care System NI

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## Shadow Area Integrated Partnership Board

### Service User and Carer

### Member Information

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**January 2024**

## **Introducing the Integrated Care System**

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.

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 **Shadow Area Integrated Partnership Boards (AIPBs)** with local planning responsibilities,
- 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.

Here is the link to ICS NI website which shows how Integrated Care has developed over the last two years [Integrated Care System NI - DOH/HSCNI Strategic Planning and Performance Group \(SPPG\)](#)

Keeping our population well, requires us to think and work differently. Our health and wellbeing is influenced by factors such as where we live, our income and our education. This requires collaborating with partners outside of health and social care to improve health and wellbeing outcomes and reduce health inequalities.

The ICS NI model is outcomes-based framework, underpinned by a population health approach. By working closely with our community and voluntary partners, local councils, carers and service users, AIPBs will look at what is currently being delivered. Within this it will look at the collective assets and resources available in their area, assess that against population need, and determine how they might utilise the resource in a different way to achieve improved health outcomes.

### **What are Area Integrated Partnership Boards (AIPBs)?**

An Area Integrated Partnership Board will identify the needs of its local population through a population health needs assessment as well as from local input and intelligence gathered through engagement and involvement of its local populations.

Within the ICS NI, 'places' are smaller geographical areas from where a lot of the work of the ICS NI is driven. AIPBs are our 'place' based partnerships in ICS NI.

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.

The membership of the each Shadow AIPB will include representation from across organisations and sectors who have a role and / or interest in the health and social wellbeing of the population of Northern Ireland. It includes representation from across the HSC Trusts, Primary Care – GPs and Pharmacists, as well as local councils, the voluntary and community sectors, and service users, and carers.

AIPBs will look at what is currently being delivered with the collective assets and resources available in their area, assess that against population need, and determine

how they might utilise the resource in a different way to achieve improved health outcomes.

AIPBs 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 will provide AIPBs with guiding planning assumptions to support their work and clarify key strategic priority areas that they should reflect in their local approaches.

AIPBs are not service providers and their functions do not extend to the provision of health and social care services, nor do they have responsibility for monitoring service provision and performance.

Each AIPB will be supported by strategic partners from the Strategic Planning and Performance Group (SPPG) and the Public Health Agency (PHA). These partners will provide broad ranging expertise and business support to AIPBs in the development of each partnership's Plan.

It is critically important that AIPBs are able to draw on the knowledge, experience and expertise of a broad range of clinicians, professionals, networks, organisations and other bodies when undertaking their work. AIPBs will engage and include these individuals and groups as required. They will draw on the existing infrastructure in their area and to do this they will engage with regional bodies and networks as appropriate.

### **What do we mean by the term Service User and Carer?**

#### ***A Service User***

We all can access GPs and other health and social care services. So, in some sense we are all users of services. However, for the purpose of appointment to the AIPBs, we are looking for individuals who frequently use services and have a greater experience of health and social care provision than the average citizen. We are seeking individuals who have a greater/long-term dependency on the health and social care system because of a condition, disability or circumstance that goes beyond that of the average citizen/member of the public.

The expectation would be that the person should have experience over the past 5 years.

### ***A Carer (not in paid employment as a Carer)***

The term 'Carer' has many varied interpretations, including someone in a paid care support worker role, or those who occasionally help out a family member or friend and also those who, without payment, provide more substantial care.

From a Health Social Care (HSC) perspective, carers are individuals who are not employed to provide care, but who provide a substantial amount of care, on a regular basis for a person who would be entitled to the provision of health and social care support. People who come under this definition would normally be entitled to a Carers Assessment by their local HSC Trust. These individuals may also be referred to as unpaid or family carers.

The expectation for the AIPB Carer role would be that the person should have experience of a caring role within the past 5 years. It will be more desirable if the applicant is still active in an unpaid caring role.

### ***Involvement within the Integrated Care System***

As an AIPB Service User or Carer you will provide advice, support and constructive challenge in the area of [Personal Public Involvement](http://www.engage.hscni.net). ([www.engage.hscni.net](http://www.engage.hscni.net)).

Since 2009, all Health and Social Care organisations have a legal duty to involve the people who use their services (i.e. patients, carers, and the public) in the planning, monitoring, development and evaluation of health services. Getting involved can take many forms including influencing your own care and treatment (or that of someone you care for), having a say in the way services are planned and run, and using your experiences and ideas to help bring about improvements to the way care is provided.

The process of getting involved is often described as Personal and Public Involvement (PPI). PPI is a term used to describe the active and meaningful

involvement of service users, carers and the public in the planning, commissioning, delivery and evaluation of Health and Social Care (HSC) services, in ways that are relevant to them. PPI can also be described as the process of empowering and enabling service users, carers and the public to make their voices heard, ensuring that their knowledge, expertise and views are listened to.

### **What is your Role?**

The role of each Service User and Carer is to be an involvement advisor who supports the above involvement principle (PPI) is upheld across the Shadow AIPB work.

The successful Service User and Carer applicants will be provided with additional knowledge of PPI but previous experience of this will be valued in the desirable criteria for applicants. The successful Service Users and Carers will also receive training in capacity building skills and other skills identified by them following appointment.

Appointed Service Users and Carers will become members of ICS NI's Involvement Advisors Liaison Group which is a peer network support group for all Service Users and Carers involved in ICS NI.

Service User and Carer will fully participate in the AIPB as a full member of the group with additional aspects of the role unique to Service Users and Carers role.

The following is a broad overview of the role of the Service User and Carer. A more detailed outline of the role will be included in the Role Description for the Service User and Carer position.

- Supports the principle of PPI is upheld across the AIPB work;
- Actively promote Involvement of Service User and Carer in co-production, partnership working, and engagement at various levels within the AIPB and ICS NI work;

- Positively engage with other AIPB members, supporting them to actively explore service user and carer involvement in developing plans;
- Input into the evaluation of the effectiveness of Service User and Carer Involvement in the work of ICS NI;
- Attend the Involvement Advisors Liaison Group – a peer network support group for ICS NI Service Users and Carers;
- Provide feedback to the Board’s chairpersons on their experience as a member of the group;
- Attend mandatory Induction and PPI training;
- Connect with existing PPI structures within the relevant HSC Trust area, as required;
- Adhere to the AIPB’s Operating Policies and Procedures; and
- Keep discussions and documents confidential unless otherwise agreed with AIPB Co-Chairs.

**What Skills, Knowledge and Experience are required?**

**Essential Criteria**

Applicants must ensure they demonstrate that they have met the criteria. This needs to be clearly detailed otherwise they will not be considered for the role.

**Essential Criteria**

- Direct personal lived experience of receiving services or caring for someone receiving services in the relevant HSC Trust area;
- Experience of working in partnership with user-led / carer-led / community groups; and
- Have the time commitment for 1 day per month to attend 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.

**Desirable criteria**

Applicants must detail their skills, knowledge and experience that they have in order to meet this criteria. However, it is not essential that they have all the skills listed. If the role has more applicants than posts available, the desirable criteria will be used to further shortlist the best fit for the position.

### Desirable Criteria

- Experience of contributing to health and social care development, planning or delivery of services;
- Ability to identify problems and work creatively and collaboratively to recommend solutions;
- Ability to offer constructive challenge;
- Ability to listen to the views of others and proven ability to develop and maintain relationships in committees or groups;
- Good communication skills both verbal and written;
- Have a good understanding of confidentiality; and
- A general understanding of Personal and Public Involvement (PPI) in respect of health and social care.

When explaining how you might have experience of the criteria above, we want to hear examples of what you did in the role. Try to use an example of how you personally used your skills and knowledge to meet that criteria rather than simply listing the organisations or positions you were involved in.

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.

Reimbursement of these expenses will be processed under Circular HSC (F) 12-2021 [doh-hscf-12-2021.pdf \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/publications/doh-hscf-12-2021.pdf). The term of office for Service User and Carers members will be 4 years following regulations approval.