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		
Name	**Andrea Trainor**	
Email address	**info@niada.net**	
Are you responding on behalf of an organisation?		**Yes** *(delete as applicable)*
Organisation *(if applicable)*	**Northern Ireland Alcohol and Drug Alliance - NIADA**	

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:

As an Alliance of 14 organisations who currently work together, we agree with this approach.

It is important to think about - What collaboration actually means and should be clearly defined and outlined at every step throughout the planning process. It is vital to have a more equal and collaborative relationship between voluntary & community, third sector and other agencies. Different organisations across the sectors have a lot of expertise and this need validated and integrated in order to get the best results for the client.

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:

NIADA recommends services should be allowed more scope to adapt and change, this will enable a true person-centred practice to be delivered. Current services can be limited, rigid and inflexible resulting in clients not accessing the right help or disengaging.

Often, it's the problem at the centre and that's what is being treated – this is treating the addiction or mental health issues solely but not the person as a whole. It is important to look at the context, relationships, family and community support when working with that person.

Those involved must have a clear and transparent ways of working together. There should be a mutual understanding of each other's existing governance arrangements and structures not only between organisations but between organisations and clients.
As waiting lists continue to grow organisations could be in a position to provide some form of interim support by way of info keeping in touch with the client, providing up to date information and realistic timeframes.

It is important clients have the ability to be known to more than one service at a time and are able to move between services as needed – not go through the referral process from the beginning with each organisation.

Organisations should keep in touch with client and other agencies involved until it is agreed with those involved including client that the service is no longer required. Warm handovers and check in's work well and do not use a large number of resources. Maybe

a link worker or co-ordinator who stays with the client throughout their journey, making sure services/everyone involved is working together and putting the needs of the client first.

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?

Disagree

(delete as applicable)

Additional comments:

As well as the minister and DoH it is vital there should be involvement from those on the ground delivering services across the sectors.

Several years ago, some NIADA members were involved in the Future Search initiative. These planning events brought together DoH, PHA, Trusts, Community Addiction Teams, Service Users, Voluntary Sector reps etc to look at a strategic plan for services. From this came great ideas and direction as the input was from those who were client facing on a daily basis.

We recognise it is important that DOH and Minister need to be a part of this but cannot make the decisions alone otherwise there will be no impact. The fear is the Minister and DoH may be too far removed from the close services delivered to the client.

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:

In principle NIADA agree with the model as it brings services down to a more localised level and gives the opportunity to provide bespoke solutions to each area. A concern from past experience may be that it gets lost within the processes of discussion and planning before reaching implementation.

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:

NIADA agrees the need for a group to oversee regional services. The group must have true representation across the sectors and include a number of voluntary & community representatives who deliver a range of services to clients.

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:

In principle we agree if delivered locally it will be the right approach as it's important to match service delivery with need. In turn this should lead to a more bespoke response for the client rather than trying to make the client fit into rigid services.

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:

NIADA Members are in agreement AIPB's should have responsibility for planning if the makeup of the AIPB's is inclusive and truly representative of communities and the people within the area.

A recommendation would be to include more of a systemic approach to widen the group. It's a worry that the voluntary and community sector voice could be lost within the proposed members. The proposed representation is too weighted in favour of the medical model and does not include enough social, community and family models of care.

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:

Again, we agree with the proposal but also have concerns. The membership of the AIPB's, as detailed in the previous there needs to have a wider representation. There has to be an overall strategy to ensure parity and continuity of services across areas to get the right balance between generic and unique services.

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

Disagree

(delete as applicable)

Additional comments:

We feel we need to disagree with the proposed membership. The AIPB's need to be inclusive and truly representative of communities and the people within the area.

The proposed group needs more of a wider systemic approach. Voluntary & Community sector voice is lost and not given enough representation considering the number of clients met and services delivered on a daily basis. This representation is too weighted in favour of the medical model and does not include enough social, community and family models of care.

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: This should the case initially and for a limited period until the group is in a position to choose its own chair and co-chair.

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 local areas should be allowed flexibility to ensure that representation is drawn from all sections of the community and is a diverse group. It is also the groups responsibility to develop its role to become organic and transformative in the local area. Not just to be a tick box exercise.

General Comments
Please add any further comments you may have: • Step Care Model, needs to be more flexible • Not to be tied to rigid processes and have more flexibility • Easier sharing of information, client shouldn't have to repeat themselves to multiple agencies. Information belongs to the client, not the organisation and should travel with them on their journey.

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:

OrgChgDir@health-ni.gov.uk

Hard copy to:

Department of Health
Future Planning Model
Annex 3
Castle Buildings
Stormont
Belfast
BT4 3SQ