

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 <i>(if applicable)</i>	Ulster Farmers' Union

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

Additional comments:

It is hugely important that that a collaborative approach is taken to meet the health and wellbeing needs of the local population. Not only within the healthcare systems but externally by working with community and voluntary groups to understand and meet the needs of the community.

Primary care Multi- disciplinary Teams (MDT) have introduced new physiotherapy, social work and mental health care into general practices. The MDT model is fully implemented in the Down GP federation and is currently in development in Derry/ Londonderry, West Belfast, Causeway, Newry & District and North Down & Ards. This example of collaboration should be made available across NI.

There is evidence to suggest our healthcare system is too bureaucratic. Efforts to improve this and centre care around local communities is welcome. Given General Practitioners (GP's) and the wider practice teams are the healthcare professionals closest to communities, it is essential GP's are a key part of the ICS model with strong representation, with its views and input given in equivalent value as larger organisations and secondary care representatives. It is vital in future care planning that services will continue to include primary care voices, bringing important insight into local population health needs.

The UFU also believe that if this future planning model is to succeed and improve population health, there needs to be safeguards to ensure continuity and to ensure that health service reform is not a victim of political instability.

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:

Bullet point 1 *Ensure the person is at the centre of the model, with services planned and delivered in line with their needs with the aim of achieving improved outcomes for individuals and communities;*

The UFU wish to add that rural communities are concerned that health services will become more centralised and with waiting lists for treatment already long, it could become harder to access for vulnerable rural dwellers. Any centralisation of services proposed, whilst supported by clinical evidence, must also consider how vulnerable rural citizens can access services that are now further removed (consideration of ambulance services, road and public transport infrastructure etc.). It is not sensible to ask patient to travel further to centralised services for potentially short appointments.

It is important that GP services remain physically accessible in rural areas and that employment in rural areas becomes more attractive. DAERA along with the DOH needs to consider how it can work with local communities and other stakeholders to address staffing issues in health and social care in rural communities. For example, difficulties in attracting GPs to work in Co. Fermanagh. As without staff in rural areas integrated care cannot be achieved.

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

Additional comments:

UFU agree that the Department and Minister should set the overarching strategy, expected outcomes and hold the system to account. However it is vitally important that a certain flexibility is adapted to allow the views of those working in the health service to be taken into account.

The UFUF request that the Department of Health put safeguards in place to ensure the continuity of system is maintained regardless of which political party retains the Health Ministry. We believe this is vital for the viability of the project and willingness of participants, who may be less likely to dedicate time if the programme looks to be short term, with no long term or meaningful impact.

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

Additional comments:

It is very important that communication channels are established between each level and that information flows both ways.

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

Additional comments:

It is very important that minority, vulnerable and rural people are adequately represented at each level throughout the ICS.

UFU have been informed of an imbalance between primary and secondary care, despite the majority of a patients care in their lifetime being provided by GP's. It is important that this imbalance is not exacerbated by the development of these new structures.

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

Additional comments:

UFU is supportive of the overarching aim of the AIPBs, to deliver improved health and social care outcomes and reduce health inequalities and through improving working across professions and boundaries. We agree that local community groups, representatives and stakeholders are best placed to find solutions to population health challenges. The UFU is the largest farming organisation in NI representing approximately 11,500 farming families and rural dwellers. The UFU and it's members would be willing represent rural people on AIPBs to improve healthcare for rural people.

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

Additional comments:

UFU agree that AIPBs, with broad representation from those working in the community, are best placed to hold responsibility for planning and delivery of services in their local area. While there must be governance and oversight protocols in place to ensure the services are in line with wider priorities and the Programme for Government, we agree that the AIPBs and the local expertise they hold are best placed to hold this responsibility. This is a significant task and there must be adequate support provided. Backfill cover for clinicians is essential if they are to give up their time to participate on AIPBs and so that waiting times for patients are not affected.

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

Agree

Additional comments:

In the challenging financial context, it is vital that public money is spent with value and good governance in mind and it is appropriate that there are robust accountability structures in place to ensure money spent delivers an improved outcome for patients. In principle we are supportive of local expertise being at the fore of making decisions of planning and delivery of services in their local area.

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

Agree

Additional comments:

A mental health practitioner should also be added to the proposed membership. Rather than a minimum member of the AIPS, should the membership list be 'suggested membership' to allow flexibility within the area?

We are mindful of the significant workforce and workload pressures that currently exist within healthcare, especially for GP's. Whilst GP input to AIPBs is essential, this will take staff away from the clinic affect the already long waiting lists for appointments. It is important the Department recognises this and acts accordingly. Now is the time to review and increase of GP training places. As part of this there is work to be in making rural areas an attractive place for GP's and other healthcare workers to work.

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

Additional comments.

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

Additional comments:

This is important to represent the needs of the community for example the representation at local level in Belfast will differ significantly to the representation required in Mid Ulster. The membership should also be a balance of primary and secondary care representatives.

General Comments

UFU welcome the opportunity to respond to this consultation and are supportive of the future plans for integrating care in NI but would like to see an explicit reference to addressing healthcare in rural communities. UFU members have reported great difficulty in accessing primary care which has been heighten by the Covid-19 pandemic.

The UFU want to highlight the importance of ensuring services are 'rural -proofed' as part of future planning. With almost 40% of the NI population living in rural areas, it is important that health and social care infrastructure takes account of the needs of the rural community and ensure fair and equitable access to key services.

The UFU Rural Affairs committee take a keen interest in rural health care as well as other issues which impact rural families. The Rural Affairs committee, like all UFU committees is made up of elected members, one from each of the 25 groups across NI. Primary care, provided by General Practitioners (GP) is often the first point of contact for most people when seeking health care. Committee members have reported difficulty in contacting their local GP with one member calling her practice in the Antrim area over 50 times in two days to book an appointment. The same difficulty has been highlighted by members in the West where out of hours services have not been available on certain occasions. In addition, in the Omagh area many patients are experiencing a 4 week wait for a appointments and routine tests. We would urge the Department of Health to invest in telephone and digital infrastructure services at GP surgeries, to ensure practices have the resources and training they need to meet demand. In addition a significant increase in GP numbers is required to meet the demand for appointments and care.

Understandably, the Covid-19 restrictions have put pressure on normal services and brought about changes, however it is very concerning that patients are struggling to receive even basic primary care, and reflects the significant pressure GPs are under. The UFU is hopeful that by integrating care and giving GP's the opportunity to influence future planning it will be beneficial for rural people.

The Farm Family Health checks plays a vital part in looking after rural people in the community and the UFU ask that the role of the farm family health check team is considered when planning for the future. It is important that the service they provide, integrates into the health system.

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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