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## Integrated Care System NI

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### Shadow Area Integrated Partnership Board

### Voluntary and Community Sector

### Role Description

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**December 2024**

## SECTION 1 – BACKGROUND INFORMATION

1.1 ICS NI is the new framework for planning health and social care services 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, coordinated 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, that is, 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 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)** planning care and services across the system, informed by local and regional collaboration.

1.5 In undertaking their responsibilities, 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 oversight of services, 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 SHADOW AIPB

- 2.1 The shadow AIPB provides a 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 shadow 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. The shadow AIPB will be expected to undertake a population health approach with a focus on prevention and early intervention and community health and wellbeing.
- 2.3 Each shadow 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
  - taking action within the resources available to support delivery of the plan.
- 2.4 Shadow 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 shadow 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 Until such time as the regulations are brought before the Assembly, AIPBs are to be established in shadow form. This means that shadow AIPBs will be established in line with the proposed procedures for the statutory AIPBs and will accordingly undertake their intended role. Roll-out of shadow AIPBs commenced from April 2024 with the selection and induction of members, with the Shadow

AIPBs being established on a phased basis from September 2024 onwards. This will allow a period of running whilst the system is embedding across health and social care and with partner organisations.

## SECTION 3 – ROLE OF VOLUNTARY AND COMMUNITY SECTOR

- 3.1 The shadow AIPB must have communities at the heart of its processes to address need and reduce health inequalities.
- 3.2 There is a robust and compelling evidence base to support Community Development as an effective approach in tackling health inequalities<sup>1</sup>. Making *Life Better* and *Delivering Together* acknowledge this and identify it as a key approach within HSC to reduce health inequalities.
- 3.3 Community Development is a distinct approach<sup>2</sup>. The process itself builds on the strengths or assets of the community, creates social capital, and enables participation, empowerment and the growth of self-efficacy. All these features build strength and resilience in communities which can help reduce the negative impact of conditions on health, greater ability to deal with adversity and greater confidence to address needs and in partnership with others. Further, a healthy community is one which is more self-reliant and is less likely to place increased demands on the health and social care system.
- 3.4 The challenge is to ensure that practice extends beyond consultation and engagement or merely concentrating on individual behaviour change. For the shadow AIPB to have real success it must embody Community Development values and principles to ensure real partnership and co-production with local communities to identify, understand and take action on root causes.
- 3.5 Skilled personnel are a key enabler of effective community development. Northern Ireland has a long and successful history of Community Development with strong networks already in place, a wealth of skilled personnel and evidence of effective practice.
- 3.6 Identifying and engaging people who are representatives of a community on shadow AIPBs will further strengthen the role of Community Development in

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<sup>1</sup> CDHN Fact sheet on Health Inequalities: [Layout 1 \(cdhn.org\)](https://cdhn.org/Layout%201.pdf)

<sup>2</sup> [Expansion of Community Development Approaches Report - 18 May 2018 MB.pdf \(hscni.net\)](#)

population health improvement and optimise the collective resource and effort to deliver a real step change in the outcomes for that population.

- 3.7 The inclusion of VCS representatives is vital in ensuring that the priorities and plans identified and agreed by shadow AIPBs complement and strengthen the work underway in Community Development. Shadow AIPBs will look to utilise the intelligence, information, knowledge and expertise that Community Development networks have gathered to inform prioritisation and planning.

## **SECTION 4 – KEY RESPONSIBILITIES**

- 4.1 Represent and act on behalf of the voluntary and community sector, beyond the individual's own specific area of expertise.
- 4.2 To contribute to the creation of a compelling vision for the future health and wellbeing of the local population, with a particular focus on identifying opportunities for synergy with Community Plans.
- 4.3 To communicate this vision across the wider voluntary and community sector as a champion of ICS.

### **Understanding Need**

- 4.4 To 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.
- 4.5 To provide and share intelligence and information relevant to the work of the shadow AIPB that has been specifically gathered, collated, or shared by the Voluntary or Community Sector.
- 4.6 Help inform avenues for community engagement and support the shadow AIPB with wider engagement.
- 4.7 Whilst VCS representatives 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 within the sector where required. Local intelligence and examples of good practice will complement the shadow 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 and any guidance from the Regional ICS Partnership Forum, agree the priority areas which the shadow AIPB will focus on.



- 4.9 Identify key linkages with current Voluntary and/or Community sector initiatives and opportunities for alignment.

### **Planning**

- 4.10 Contribute to the development of local Area Plans to address the identified priorities based on a shared understanding of the local population and how people live their lives.
- 4.11 Consideration of all available financial and performance information, and pertinent issues and challenges, to make informed plans and recommendations – members are responsible for contributing such information from the Voluntary and Community perspective where relevant and/or appropriate.
- 4.12 Co-ordination of the VCS' contribution to plans, identifying where they are best positioned to lead on delivery against agreed objectives and working to remove any duplication.
- 4.13 To explore the use and contribution of resources, if appropriate, from the sector to advance shared goals and outcomes in Area plans.
- 4.14 Support co-production and co-design of shadow AIPB plans.
- 4.15 Contribute to Task & Finish groups where required to develop local plans.

### **Connecting with Communities**

- 4.16 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 engagement. This will evolve and develop over time.
- 4.17 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**

- 4.18 To be a source of leadership and expertise representing the VCS within the shadow AIPB, and work to promote and support the work of the shadow AIPB amongst wider community planning partners.
- 4.19 To engage with and communicate the views of the VCS effectively and efficiently as possible to the shadow AIPB.
- 4.20 Build relationships and trust between shadow AIPB leaders and wider community planning partners, encouraging shared responsibility and accountability for collective gains and risks.

### **Collaborative Working**

- 4.21 To adhere to the principles of parity and inclusion between partners acknowledging the skills, experience and value that each partner can bring.
- 4.22 To agree clear and transparent ways of working together, having a mutual understanding of each other's existing governance arrangements and structures, ensuring shadow AIPB members are kept informed of changes and pressures across the sectors.
- 4.23 To work collectively to identify, remove or avoid duplication, ensuring the most efficient use of available resources.
- 4.24 Identify and promote best practice and learning between partners, encouraging flexibility, agility and innovation to collectively meet and address challenges.

### **Commitment to Meetings**

- 4.25 To demonstrate commitment to the shadow AIPB structure, through regular attendance at Board meetings and be fully engaged in two-way communication with own sector and the shadow AIPB to facilitate the development of a comprehensive plan.
- 4.26 To support, lead and participate in shared learning events and keep up to date with issues relevant to the work of the shadow AIPB.

4.27 To ensure adherence to the confidential nature of information shared for the purpose of the shadow AIPB members role.

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

## SECTION 5 – ROLE PROFILE

### **Training**

5.1 Appropriate 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.

### **Term of membership**

5.2 It is expected that a shadow AIPB member will undertake a term of 4 years pending regulations approval.<sup>3</sup>

### **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 shadow 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 Voluntary and Community Sector representatives are covered under the Departmental circular [HSC \(F\) 14 2024](#) (Schedules 1, 3, 4, 5 and 6) in relation to:

- Loss of earnings;
- Attendance allowance;
- Travel and subsistence;
- Dependent care expenses.

5.5 The Voluntary & Community Sector member Claim Form will be provided electronically on selection to the shadow AIPB. For further information relating to allowances, please contact [aipb@hscni.net](mailto:aipb@hscni.net).

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<sup>3</sup> 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.