



LIVING
WELL
TOGETHER

HEALTH & WELLBEING THEMATIC SUMMIT



 Health and
Social Care

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

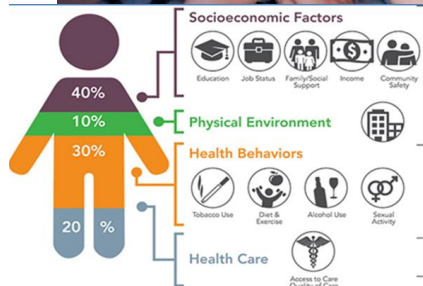
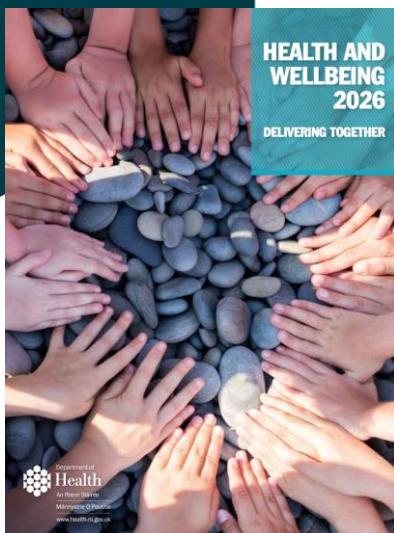
 **Integrated Care
System NI**

Integrated Care System

Delivering the right care at the right time

Delivering Together

LIVING
WELL
TOGETHER



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2016)

Build	Build capacity in communities and in prevention to reduce inequalities and ensure the next generation is healthy and well.
Become	Become better at tapping into the innovative ideas and energies in communities, and in the community and voluntary sectors.
Empower	Empower local providers and communities to work in partnership, including health and social care trusts, independent practitioners such as GPs and voluntary providers.
Harness	Harness the strengths of different parts of the system, across organisational boundaries, sectors and beyond what is traditionally considered to be the health and social care sector.

The logo for 'Living Well Together' is located in the top-left corner. It features a dark teal background with a cluster of colorful triangles in shades of green, blue, yellow, orange, and pink. Below the triangles, the text 'LIVING WELL TOGETHER' is written in white, with 'WELL' in a larger, bold font.

ICS NI seeks to:

Put the needs of the people at the heart of everything – planning and delivering services based on population need;

Working with wider partners to place a focus on prevention and keeping people well;

Support people to manage their own health and wellbeing where appropriate;

Improve efficiency and optimise capacity, making the best use of available resources and support sustainability of services and the wider system;

Deliver improved integration and partnership working both within the Health and Social Care system and beyond;

Enable enhanced accountability and decision-making.

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ICS NI –
ONE
PLANNING
SYSTEM

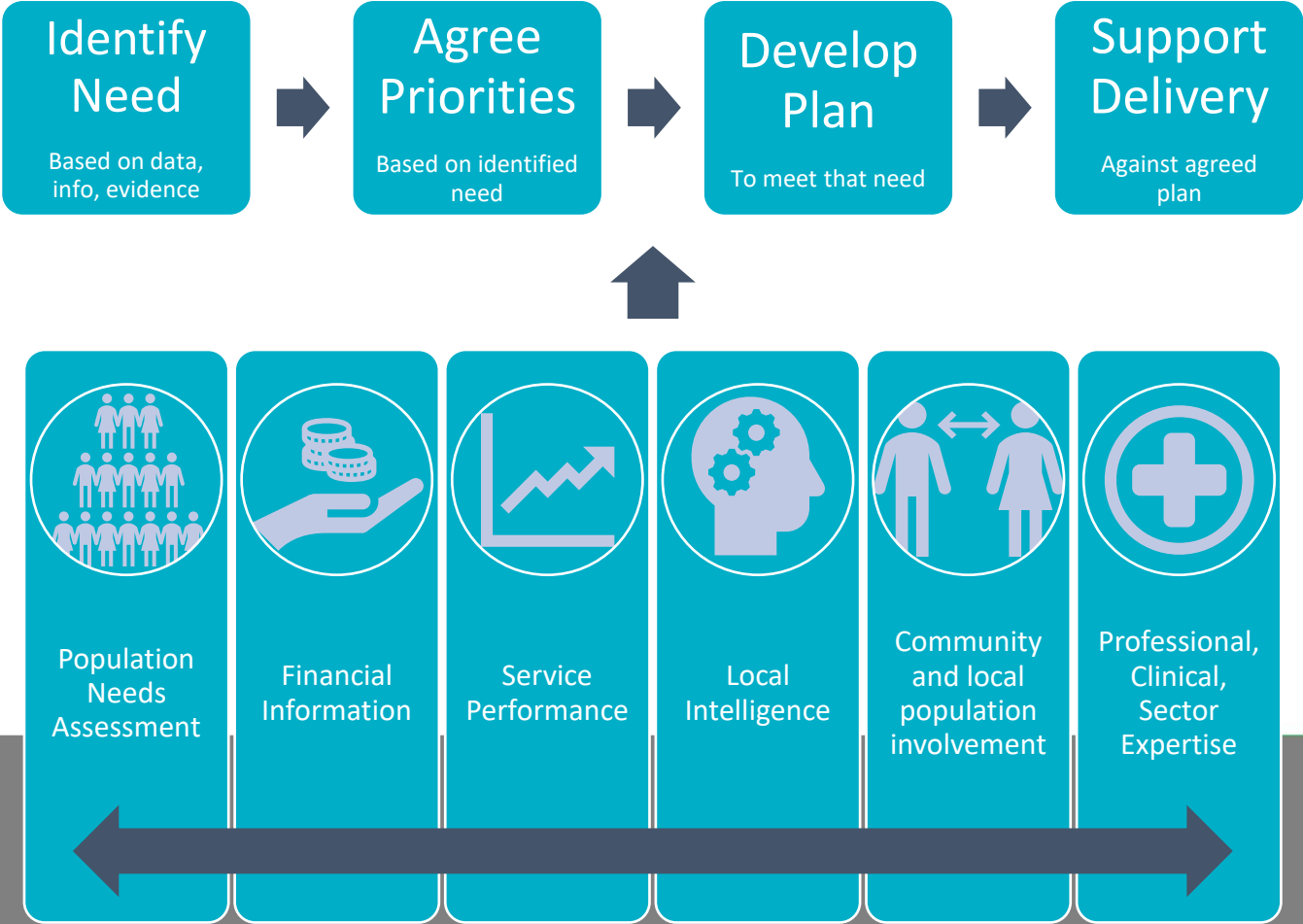
AIPB

SPPG/PHA

REGIONAL PARTNERSHIP



AIPB Role





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TOGETHER

AIPB Core Membership

Core Members

- HSC Trust – Chief Executive and Directors
- Primary Care – including GPs and Community Pharmacists
- Local Voluntary & Community Sectors
- Local Council and Community Planning Partnership
- Service User and Carer

Informed by:





LIVING

ICS NI –
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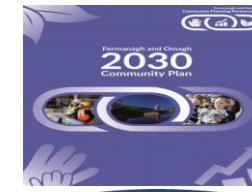
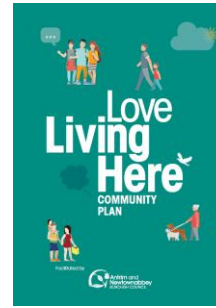
AIPB

SPPG/PHA

REGIONAL PARTNERSHIP



DRAFT PROGRAMME FOR GOVERNMENT FRAMEWORK 2016-21



Strategic Outcomes Framework



Health Inequalities NI 2021

Hospital Activity
In 2019/20, the inequality gap for all admissions stood at 55%.
The ratio of emergency attendances for the most deprived areas was more than one and a half times that of the least deprived.
In 2019/20, the inequality gap for day case admissions stood at 38%.

Pregnancy & Early Years
Smoking during pregnancy in the most deprived areas was almost five times the rate in the least deprived.
In 2019, the breastfeeding on discharge inequality gap stood at 46%.
The teenage birth rate in the most deprived areas was over six times the rate in the least deprived.

Alcohol, Drugs & Smoking
Alcohol specific mortality in the most deprived areas was over four times that in the least deprived.
In 2017/18-19/20, the alcohol related admission rate inequality gap stood at 279%.
In 2019/20, the inequality gap for drug case admissions stood at 28%.

Mental Health & Wellbeing
The crude death rate for intentional self-harm in the most deprived areas was more than double the rate in the least deprived.
In 2015/16-19/20, rates of self-harm admissions in the most deprived areas were more than three times that in the least deprived.

Premature Mortality
In 2015-19, preventable mortality in the most deprived areas was almost three times that in the least deprived.
The under 75 circulatory disease mortality inequality gap stood at 346%. In 2015-19, the under 75 cancer mortality inequality gap stood at 226%.

Life Expectancies & General Health
The life expectancy at birth inequality gap in 2017-19 was 7.0 years for males and 4.8 years for females.
The healthy life expectancy inequality gap in 2017-19 was 13.5 years for males and 15.4 years for females.
The disability free life expectancy inequality gap in 2017-19 was 12.5 years for males and 13.3 years for females.

Major Diseases & Conditions
The rate of respiratory admissions in the most deprived areas was around double that of the least deprived areas, for all ages and for those aged under 75 years.
The rate of respiratory admissions in the most deprived areas was around double that of the least deprived areas, for all ages and for those aged under 75 years.
The inequality gap for cancer incidence in 2012-18 stood at 22%.
In 2015, the inequality gap for anti-hypertensive prescriptions stood at 22%.





Southern Test AIPB

Test AIPB established in Southern Area since **May 2023**.

Will seek learning on:

the understanding of the role of the AIPB and that of each member;

how the group operates to agree a collective vision;

the robustness and suitability of the information and data, and the associated analysis it is provided to support its ability to function;

the process by which priorities are identified and agreed;

the creation of an action plan – the support required to do so, the robustness of the evidence base, and its viability;

Linkages with other partnerships within the locality.

AIPB Areas



Early Lessons/Opportunities

Pre-engagement essential

Clarity of roles and responsibilities and linkages to other groups

Parity of esteem amongst members

Population health data/lived experience

Experiences/insight of diverse collection of members

Understand partner perspectives and challenges

Capture and optimise fully assets within an area



ICIC24
INTERNATIONAL CONFERENCE
ON INTEGRATED CARE
22-24 April 2024
Belfast, Northern Ireland

Call for Papers is launched!

SUBMIT AN ABSTRACT!

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For more information, please visit
online.hscni.net/icsni