

From the Chief Medical Officer
Dr Michael McBride

Safety, Quality and Standards Directorate



Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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Your Ref:
Our Ref:
Date: 3 July 2007

For Action

Chief Executive HSC Boards and Trusts

For Information

Health and Social Services Councils
Chief Executive (Designate) HSCA
Regional Director of Public Health
Chief Executive RQIA

Dear Colleagues

RE: FUTURE DEVELOPMENT OF SERVICE FRAMEWORK PROGRAMME

I wrote to you on 1 March regarding the commencement of a programme of work to develop a suite of service frameworks, which will set specific measurable outcome-focused standards for a range of health and social care services in Northern Ireland.

Work on developing frameworks for each of the initial five areas identified as regional priorities is continuing to develop - see Appendix 1 for timetable. These are:

- cardiovascular health and well being;
- respiratory health and well being;
- cancer prevention, treatment and care;
- mental health; and,
- learning disability.

The next stage of the work programme is to identify further priority areas for service framework development, for commencement in late 2007. The purpose of this letter is to invite proposals from HSS Boards and Trusts to inform this process.

Detailed guidance on the process and the selection criteria to be used is set out in Annex A, but in general, HSS Boards, in collaboration with the 5 new Trusts, should work together to identify and prioritise areas in health or social care for service framework development, especially in areas of risk where there is evidence of regional variation in terms of effectiveness, safety, and/or protection of patients, service users or the public.

The Department will wish to receive a maximum of 12 proposals in total, each of which must be supported by the 4 HSC Boards and 5 Trusts as a regional priority. Proposals should be ranked in an agreed order of priority.

It will be important that all key stakeholders, including users and carers, and voluntary and community sector organisations, are provided with the opportunity to inform and influence the

prioritisation process, and to this end Boards and Trusts should involve established networks and groups, as appropriate, in their arrangements.

Service Framework development forms a central plank of the ongoing reform programme within the HSC, and reaching agreement on the priority areas for future development will be key to the successful rollout of the programme.

I would ask, therefore, that work on identifying and agreeing proposals for the next stage of the Service Framework programme be put in motion as soon as possible, with the aim of providing an agreed response to the Department by **30 November 2007**. **In order to assist HSC organisations to determine and agree priorities, a workshop will be held on 17 October 2007 in the Ramada Hotel. Invitees will include HSC organisations and voluntary and community groups.** Further details regarding this workshop will be issued shortly.

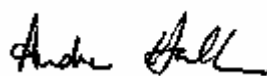
If you have any queries about any aspect of this work, or wish to discuss further the Service Framework development programme, please contact Veronica Gillen, Safety, Quality and Standards Directorate, DHSSPS, veronica.gillen@dhsspsni.gov.uk .

Your co-operation and assistance in the development of this important programme of work is greatly appreciated.

Yours sincerely



DR MICHAEL McBRIDE
Chief Medical Officer



MR ANDREW HAMILTON
Deputy Secretary

Development of Service Frameworks

Guidance for proposals from HSS Boards and Trusts

1. Introduction

The development of service frameworks is a major element of the Service Reform Programme. Service frameworks set clear quality requirements for care based on the best available evidence of what works most effectively for service users. Service frameworks are an opportunity to:

- further integrate health and social care;
- enhance public health and wellbeing, to include identification of those at risk and prevent and protect individuals and local populations from harm and disease;
- promote evidence informed practice;
- focus on safe and effective care; and,
- enhance multi-disciplinary and inter-sectoral working.

Service frameworks will be used by the public, HSC commissioners, the HSC and other providers, and inspection and regulatory bodies, as a tool to raise standards of care.

2. Development of Service Frameworks

The Department has commenced the development of a range of service frameworks. These service frameworks will set specific outcome-focused standards for health and social care which will be capable of being measured.

Service frameworks will link to key policies and strategies already developed and will draw on evidence from established sources e.g. National Institute for Health and Clinical Excellence and Social Care Institute for Excellence. They will not seek to reinvent the wheel and, where appropriate, will include standards which have been developed elsewhere. Each service framework will use a common template which will include a care pathway from prevention, promotion, protection of health and wellbeing, to appropriate assessment, diagnosis, treatment, management and care provision, rehabilitation, discharge from services and end of life care, as appropriate.

Development of service frameworks will be undertaken in partnership with the HSC, service users and carers, and voluntary and community organisations. Where possible, development will be undertaken in collaboration with established networks and groups. Each service framework will use a multidisciplinary approach, recognising that the majority of care is delivered in the primary/community sectors with active participation of

individuals and carers. In addition, service frameworks will recognise that care can go beyond traditional HPSS boundaries and embrace interagency working as necessary.

Five areas have been identified as regional priorities for the development of service frameworks in the first instance. These include:

- Cardiovascular health and wellbeing;
- Respiratory health and wellbeing;
- Cancer Prevention, Treatment and Care;
- Mental Health; and,
- Learning Disability.

It is intended to develop service frameworks in other priority areas. A timetable for the development of these service frameworks is attached (**Appendix 1**).

HSS Boards and Trusts are being asked to make proposals for other **regional priority areas** for service framework development. This guidance sets out:

- the process for identifying and prioritizing additional areas for development;
- the criteria for selection; and,
- the process for selection.

3. Identifying regional priority areas for service framework development from end 2007

HSC Boards, in collaboration with the 5 new HSC Trusts, should co-operate to identify and prioritise areas in health or social services for service framework development especially in areas of risk where there is evidence of regional variation in terms of effectiveness, safety, and/or protection of patients, service users or the public. The selection criteria set out in this guidance should be used to inform this process.

The lead responsibility for developing the proposal(s) for submission to the Department should be agreed between the Boards and Trusts.

The Department will wish to receive up to a maximum of 12 proposals, in total. All proposals must be supported by the 4 HSC Boards and 5 Trusts as a regional priority. HSC Boards are requested to agree and identify the priority ranking of their proposals to the Department. The top priority should be ranked 1, the second 2 and so on.

Appendix 2 provides a template to be used as the front page for each proposal. Please complete this template providing a summary of the evidence against each of the above criterion. The Chief Executive of the Board or Trust with lead responsibility for developing the proposal must sign this template and confirm that the proposal is supported by the other Boards and Trusts as a regional priority.

4. Selection criteria

Proposals for service framework development will be evaluated by the Department against the following criteria. Proposals need to provide evidence against each of the

criteria. Submissions should include statistical evidence as well as reference to relevant research, studies or new developments.

Criteria:

1. **Risk:** an important health or social services issue where there is evidence of regional variation in terms of the effectiveness, safety and/or protection of service users, patients or the public (preventable morbidity, excess mortality, preventable harm or potential to increase people's capacity for self-help/care).
2. **Evidence base for improvement:** there is robust evidence of real opportunities for improvement in outcomes for service users and patients based on work that has been undertaken locally, nationally or internationally.
3. **Regional policies and priorities:** demonstrable relevance towards meeting regional priorities and Departmental policies, including potential to improve cost effectiveness.
4. **Integrated care pathways:** an area where the care pathway is complex and involves or should involve integrated working, across and within Health and Social Care settings and sectors and/or partnership working with other providers (eg. private, voluntary or community) and agencies such as PSNI, Education, the Health Promotion Agency, Housing or Juvenile Justice.
5. **Deliverability:** an area where work has been undertaken or is underway either locally or nationally which can be built on as part of the development of a service framework.
6. **Appropriate solution:** a service framework is the most appropriate tool to achieve sustainable service improvements.

5. Selection process

The Department will consider all proposals against each of the criteria and scored on a scale of 0 to 10. A score of 10 would indicate that the proposal fully meets the criterion whilst a score of 0 would indicate that it did not meet the criterion at all.

A weighting factor will be allocated to each criterion as a means of reflecting its relative value and importance. **Table 1** indicates the ranking of the criteria.

Table 1: Ranking of Criteria

Criteria	Ranking
Risk	1
Evidence base for improvement	2
Regional policies and priorities	=3
Integrated care pathways	=3
Deliverability	=3
Appropriate solution	4

Should proposals be scored to be of equal value, the final choice of priority area by the Department will be determined by the ability for the proposal to be progressed quickly and the priority ranking given by the HSC Boards and Trusts.

TIMETABLE FOR SERVICE FRAMEWORK DEVELOPMENT

Phase	Framework	Lead	Commencement date	Anticipated date of completion
Phase 1	Cardiovascular health and wellbeing	Dr David Stewart, Director of Public Health, EHSSB and Chair, Regional Cardiology Network	January 2007	April 2008
Phase 2	Respiratory Health and Wellbeing	Dr Carolyn Harper, Consultant in Public Health Medicine, NHSSB and Chair, Regional Respiratory Forum	February 2007	June 2008
Phase 3	Cancer Treatment and Care	Northern Ireland Cancer Area Network (NICAN), presently chaired by Mr Stuart McDonnell	May 2007	August 2008
Phase 4	Mental Health	To be confirmed	To be commenced	September 2008
Phase 5	Learning Disability	To be confirmed	To be commenced	November 2008
Phase 6	Trawl for other Service Framework topics against specific criteria		Letter sent July 2007, to commence process	30 November 2007
Phase 6	Commencement of further Service Frameworks following outcome of trawl		Late 2007 onwards	End 2008 onwards

**OVERVIEW OF PROPOSAL
FOR DEVELOPMENT OF A SERVICE FRAMEWORK**

Please provide a summary of the proposal against each criterion.

<p>PRIORITY AREA – identify service area and priority ranking</p>
<p>RISK - evidence of regional variations in safety and/or quality of provision.</p>
<p>EVIDENCE BASE FOR IMPROVEMENT in outcomes for service users/patients.</p>
<p>REGIONAL PRIORITIES – potential to support delivery of regional priorities and policies.</p>
<p>INTEGRATED WORKING – potential to strengthen integrated working within and across Health and Social Care and with other providers.</p>
<p>DELIVERABILITY – potential to build on other work.</p>
<p>APPROPRIATE SOLUTION – rationale for service framework as the tool to secure sustainable improvements.</p>
<p>REGIONAL AGREEMENT – signature of Chief Executive of Board or Trust with lead responsibility for development of proposal confirming agreement of other Boards and Trusts.</p>