

1. INTRODUCTION

1.1 Background

The overall aim of the DHSSPS is to improve the health and social wellbeing of the people in Northern Ireland.

In support of this the Department has commenced the development of a range of service frameworks which set out explicit standards for health and social care that are evidence based and are capable of being measured.

The first round of service frameworks focus on the most significant causes for ill health and disability - cardiovascular health and wellbeing, respiratory health and wellbeing, cancer prevention, treatment and care, mental health and wellbeing and learning disability. Further priority areas for service framework development – the health and wellbeing of children and young people and the health and wellbeing of older people are also being taken forward.

Service frameworks have been identified as a major strand of the reform of health and social care services and provide an opportunity to:

- Strengthen the integration of health and social care services;
- Enhance health and social wellbeing, to include identification of those at risk, and prevent / protect individuals and local populations from harm and / or disease;
- Promote evidence-informed practice;
- Focus on safe and effective care; and,
- Enhance multidisciplinary and intersectoral working.

1.2 Aim of Service Frameworks

Service frameworks will set out the standards of care that patients, clients, their carers and wider family can expect to receive in order to help people to:

- prevent disease or harm;
- manage their own health and wellbeing including understanding how lifestyle affects health and wellbeing including the causes of ill health and its effective management;

- be aware of what types of treatment and care are available within health and social care;
- be clear about the standards of treatment and care they can expect to receive.

Service frameworks will also be used by a range of stakeholders including commissioners, statutory and non-statutory providers and RQIA to commission services, measure performance and monitor care.

The frameworks will identify clear and consistent standards informed by expert advice and by national standard setting bodies such as the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE). The auditing and measuring of these standards will be assisted by the Guidelines and Implementation Network (GAIN) which develops a rolling regional audit cycle linked to priority areas, including Service Frameworks.

The standards will aim to ensure that health and social care services are:

- i. Safe – health and social care which minimises risk and harm to service users and staff;
- ii. Effective – health and social care that is informed by evidence base, resulting in improved health and wellbeing outcomes for individuals and communities;
- iii. Efficient – health and social care that is commissioned and delivered in a manner which maximises resource use and avoids waste;
- iv. Accessible – health and social care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to need;
- v. Patient/client centred – health and social care which gives due regard to the preferences and aspirations of services users and carers and the culture of their communities; and,

- vi. Equitable – health and social care which does not vary in quality because of personal characteristics such as age, gender, ethnicity, race, geographical location or socioeconomic status.

1.3 Involving and communicating with the public

The Department produced guidance, “Strengthening Personal and Public Involvement in Health and Social Services” (September 2007), which sets out values and principles which all health and social care (HSC) organisations and staff should adopt when engaging with the public and service users. These include the need to involve people in all stages in the planning and development of health and social care services.

It is important that the views of patients, clients and carers are given due regard in service planning and delivery and considered alongside clinical and other professional opinion. The integration of the views of service users, carers and local communities into all stages of the planning, development and review of service frameworks is an important part of the continuous quality improvement and the open culture which should be promoted in HSC.

Through the proactive involvement of the public in the planning of service frameworks, it is hoped that concerns and ideas for improvement can be shared and that the standards developed in partnership with service users and the public will focus on the issues that really matter to them.

It is also important that service frameworks provide patients and service users with clear and concise information, which is sensitive to their needs and abilities, so that they and their carers and families can understand their own health and wellbeing needs.

People are ultimately responsible for their own health and wellbeing, and that of their dependents and it is important that patients, clients, their carers and wider family are made aware of the role they have to play in promoting health and wellbeing.

1.4 Involving other agencies in promoting health and wellbeing

Improving the health and wellbeing of the population requires action right across society and it is acknowledged that health and wellbeing is influenced by many other factors such as poverty, housing, education and employment. While service frameworks set standards for providers of health and social care services it is essential that HSC works in partnership with other government departments and agencies both statutory and non statutory to seek to influence and improve the health and social wellbeing of the people.

1.5 Data Collection

As service frameworks are implemented it is important that robust accurate data are available to support decision making and service improvement. Each specialist service must ensure timely submission of robust data collection to a regionally agreed minimum dataset. Where there are gaps in the availability of data against which to monitor service improvement then work should be undertaken at an early stage to develop these minimum datasets.

1.6 Multidisciplinary Working

Patients and service users often have complex needs which cannot be addressed by a single health care professional. The benefits of multidisciplinary team working are well recognised and are a key component of decision making regarding prevention, diagnosis, treatment and ongoing care. Multidisciplinary treatment and care will be a key theme underpinning the development and implementation of service frameworks.

1.7 Research and Development

It is important that service frameworks are based on valid, relevant clinical studies.

1.8 Education

Education and workforce development occur at individual, team, organisational, regional and national levels: they are part of the drive to promote quality. The ongoing development and

implementation of service frameworks will influence the education and training agenda and curricula content for all staff involved in the delivery of health and social care. This will require a commitment to lifelong learning and personal development alongside a focus on specific skill areas to ensure that newly qualified and existing staff are in a position to deliver on quality services.

1.9 Leadership

Effective leadership is one of the key requirements for the implementation of service frameworks and will require health and social care professionals from primary, community and secondary care to work together across organisational boundaries. It is essential that service frameworks are given priority at senior, clinical and managerial level and implemented throughout all health and social care organisations.

1.10 Affordability

Extensive discussions have been held on the overall affordability of the Respiratory Framework and several of the standards do not require additional resources and should be delivered within existing funding baselines. Where there are additional costs associated with specific standards performance indicators have been adjusted to ensure that they can be achieved within the resources available in the current budgetary period. The final phasing of implementation of the Framework in 2011/12 will be determined following the outcome of the next Comprehensive Spending Review.