

## **SECTION 1 - AN INTRODUCTION TO SERVICE FRAMEWORKS**

### **1.1 Background**

The overall aim of the Department of Health Social Services and Public Safety (DHSSPS) is to improve the health and social wellbeing of the people of Northern Ireland.

In support of this, the Department is developing a number of service frameworks which set out clear standards of health and social care that are evidence based and are capable of being measured.

The first service frameworks will 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.

Additional areas for service framework development – the health and wellbeing of children and young people, and older people are also being taken forward.

Service frameworks are central to the reform of health and social care services. They will help to:

- strengthen the integration between health and social care services;
- improve health and social wellbeing by identifying people at risk of ill health, and preventing and protecting people and communities from harm and disease;
- promote care that is based on research evidence;
- focus on safe and effective care;
- improve working between different care professionals and different sectors (i.e. statutory / government services; community services; charity services and private sector services such as private nursing homes).

## 1.2 Aim of service frameworks

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

- prevent disease or harm;
- manage their own health and wellbeing (i.e. by knowing how to reduce their risk of poor health and knowing what to do if they become ill);
- be aware of the types of treatment and care they can get within health and social care; and,
- be clear about the standards of treatment and care they can expect to receive.

Service frameworks will also be used by a number of organisations involved in health and social care to plan services, measure performance and monitor care. These organisations include:

- the commissioners who plan services for the public based on need (i.e. the Health and Social Services Board);
- organisations that deliver health and social care to people, such as Health and Social Care Trusts and charities; and
- the Regional Quality Improvement Authority (RQIA) which encourages improvement in the quality of health and social services through a programme of inspections and reviews.

The frameworks will set out clear and consistent standards of care. These standards have been written with the help of expert advice. They use work done by national bodies that write standards elsewhere like the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE). The Northern Ireland Guidelines and Implementation Network (GAIN) will help to monitor the standards.

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

- i. Safe – health and social care which minimises risk and harm to the public and staff;
- ii. Effective – health and social care that has been shown to improve health and wellbeing for individuals, communities and populations;

- iii. Efficient – health and social care that is planned and delivered in a way that gives value for money and avoids waste;
- iv. Accessible – health and social care that is timely, within a reasonable travel distance / travel time, and provided in a setting that is appropriate to the needs of the person in terms of skills and resources;
- v. Patient/client centred – health and social care that takes into account the needs and wishes of service users and carers, and the culture of their communities; and
- vi. Equitable – every person gets the same quality of care regardless of age, sex, ethnicity, race, class or where they live.

### **1.3 Involving and communicating with the public**

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

By actively involving the public in developing service frameworks, their experience and ideas for improvement can be used to shape the standards and focus on the issues that really matter to them.

It is also important that service frameworks provide patients and service users with clear information that is easy to read and understand.

People are ultimately responsible for their own health and wellbeing, and that of their family. It is important that patients, clients, their carers and wider family are made aware of the things they can do to improve their health and protect them from illness.

It is also important that the views of patients, clients and carers are taken into account as part of the planning and delivery of services.

#### **1.4 Involving other agencies in promoting health and wellbeing**

Improving the health and wellbeing of the population requires action right across society. 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 influence and improve the health and social wellbeing of the public.

#### **1.5 Data collection**

As service frameworks are implemented it is important that good information is available to support monitoring, decision making and service improvement. Each service must ensure that they regularly submit good data 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 datasets.

#### **1.6 Multidisciplinary working**

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

#### **1.7 Research and development**

It is important that service frameworks are based on valid and relevant clinical studies, including clinical trials and qualitative

research (like patient surveys and interviews) into the effectiveness and acceptability of services.

## **1.8 Education**

Education and training are part of the drive to promote and improve quality. They ensure that newly qualified and existing staff can deliver on quality services. The development and delivery of service frameworks will shape the education and training needs for all health and social care staff. This will require a strong commitment to lifelong learning and personal development across the service.

Work also needs to be done to raise public awareness of the lifestyle and other issues that will help them to better manage their own health.

## **1.9 Leadership**

Effective leadership is one of the key requirements for the implementation of service frameworks and will require strong leadership. Health and social care professionals will need to work together, and 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 with key stakeholders on the overall costs of delivering the Service Framework for Cancer Prevention, Treatment and Care. It is acknowledged that several of the standards do not require additional resources and should be capable of delivery within existing funding baselines. Where there are additional costs associated with specific standards, performance indicators and targets will be reviewed and adjusted as necessary, in the light of the current Budget settlement for 2011/12 to 2013/14.

The anticipated budget settlement for 2011/12 to 2013/14 will create challenges for the introduction of new developments in the

HPSS. However, Service Frameworks constitute the distillation of the best advice and guidance available and there is great value in setting out our aspirations to improve quality in cancer care even if we cannot commit to achieving every standard as we quickly as we would like to.

When information from the budget settlement becomes available, the Department will work closely with the HSC Board, and other stakeholders, in developing an achievable prioritised implementation plan. It is planned that the final phasing of implementation of the Service Framework for Cancer Prevention, Treatment and Care, incorporating necessary adjustments to specific targets and performance indicators, will be established by December 2011.