

## **SECTION 1 – INTRODUCTION TO SERVICE FRAMEWORKS**

### **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 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 focuses 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. Work has also commenced to develop Service Frameworks for children and young people and older people.

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.

### **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; and
- be clear about the standards of treatment and care they can expect to receive.

All Service Frameworks incorporate a specific set of standards that are identified as Generic. These, essentially, are intended to apply to all the population, or all HSC professionals or all service users, regardless of their health condition or social grouping. These include:

- involvement;
- communication;
- smoking prevention & cessation;
- healthy eating & physical activity;
- alcohol; and
- palliative care.

These Generic standards reinforce the holistic approach to health and social care improvement and reflect the importance of health promotion in preventing medical or social care issues occurring in the first place. Their inclusion ensures:

- equality of opportunity for all;
- the communication of consistent messages to service users and providers of HSC; and
- a consistent approach in the design and delivery of services.

Please note that the existing set of generic standards, as set out above, is currently under review, and may change in future in light of the evidence base. The framework will be updated once this review has been completed, and for this reason the existing standards appear in this document without anticipated performance levels.

Service Frameworks will also be used by a range of stakeholders including commissioners, statutory and non-statutory providers, and the Registration and Quality Improvement Authority (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 facilitate regional audit linked to priority areas, including Service Frameworks.

The standards, in the context of the 10 year Quality Strategy<sup>1</sup>, 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 an evidence base (resulting in improved health and wellbeing outcomes for individuals and communities), is commissioned and delivered in an **efficient** manner (maximising resource use and avoiding waste), is **accessible** (is timely, geographically reasonable and provided in a setting where skills and resources are appropriate to need) and **equitable** (does not vary in quality because of personal characteristics such as age, gender, ethnicity, race, disability (physical disability, sensory impairment and learning disability), geographical location or socioeconomic status).
- iii. **Person centred** – health and social care that gives due regard to the preferences and aspirations of those who use services, their family and carers and respects the culture of their communities. A person of any age should have the opportunity to give account of how they feel and be involved in choices and decisions about their care and treatment dependent on their capacity to make decisions. In absence of the capacity to make decisions they should listen to those who know and care for the person best.

### **Involving and communicating with service users, carers and the public**

The Department has produced guidance, “Strengthening Personal and Public Involvement in Health and Social Services”, 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 at all stages in the planning and development of health and social care services. This policy position has been strengthened by the introduction of the Health and Social Care (Reform) Act (Northern Ireland) 2009 and the statutory duty it places on HSC organisations to involve and consult with the public. (Art 19)

---

<sup>1</sup> Quality 2020: A 10-Year Quality Strategy for Health and Social Care in Northern Ireland

It is important that the views of service users and carers are taken into account when planning and delivering health and social care. 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.

The Department is committed to involving those who use mental health services (experts by experience), their carers and wider families. Through the proactive involvement of the service users and carers 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, carers and the public will focus on the issues that really matter to them.

It is also important that Service Frameworks provide service users and carers with clear and concise information, which is sensitive to their needs and abilities, so that they can understand their own health and wellbeing needs. Service users and carers are not interchangeable.

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.

### **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 services work 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 public.

People who use health and social care services, including mental health services, may have complex needs which require inputs from a range of health and social care professionals and other agencies.

The benefits of multidisciplinary team working and multiagency working, including voluntary and community organisations, are well recognised and it is a key component of decision making regarding prevention, diagnosis, treatment and ongoing care. This will be a key theme underpinning the development and implementation of Service Frameworks.

## **Data Collection**

As Service Frameworks are implemented it is important that timely, accurate information is available to assist decision making and service improvement.

To support this, data sources are identified to match the key performance indicator (KPI) data definitions. It is through the data source that progress can be monitored. Where robust data is not available Frameworks will be looking to audits, including user and carer feedback, to gather information, establish baselines and set future performance levels.

## **Research and Development**

It is important that Service Frameworks are based on valid, relevant published research, where available, and other evidence.

## **Education and Workforce**

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.

## **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 including

other government departments and the voluntary and community sectors. It is essential that Service Frameworks are given priority at senior, clinical and managerial level and implemented throughout all health and social care organisations.

### **Affordability**

Extensive discussions have been held on the overall affordability of the Service Framework for Mental Health and Wellbeing. All of the standards will be subject to baseline review throughout the first year of implementation. The final phasing of implementation of the Service Framework for Mental Health and Wellbeing will be determined following the work that will be completed to determine baseline activity.