

**SERVICE FRAMEWORK PROGRAMME BOARD MEETING
WEDNESDAY 30 MAY IN RM E4.04, CASTLE BUILDINGS**

Present:

Andrew Hamilton (Deputy Secretary) (Joint Chair)
Paul Martin (Chief Insp, SSI)
Martin Bradley (CNO)
Dr Daniel McCaughan (Non-executive Director)
Dr Maura Briscoe (Director, SQSD)
Julie Thompson (Director of Finance)
Veronica Gillen (Service Framework Co-ordinator)
Joy Youart (Clinical Advisor)
Dr Louise Herron (Public Health Advisor)
Sean Scullion (SGU)

Apologies:

Dr Michael Mc Bride
Linda Brown
Dr Anne-Marie Telford

1. Welcome and Introductions

1.1. Mr Hamilton welcomed attendees to the meeting, and introduced Julie Thompson as a new Board member and Veronica Gillen as the new Service Framework co-ordinator.

2. Minutes of previous meeting

2.1. Members were updated on progress against the action points from the previous meeting. In response to a query from Dr McCaughan, members were advised that the HSC perspective on the development programme would be provided by Dr Anne-Marie Telford, who had been invited to join the Programme Board.

2.2. The minutes of the previous meeting were agreed and signed off.

3. Update on progress against implementation plan

3.1. Members were advised that satisfactory progress was being made against the implementation plan, although there had been some

slippage in the timetables for the cancer services framework and for the mental health framework. Work on the communications strategy was also proceeding well, and it was expected that a final strategy would be produced by the end of June.

3.2. Members expressed some concern that the frameworks appeared to be excessively treatment focussed, and that a stronger emphasis should be placed on prevention measures. The group was advised that the intention was for each framework to afford equal weight to prevention, and that standards would be set accordingly within each framework to drive preventative behaviours. The point was also made that the necessarily disease orientated nature of the conditions in the initial phase of frameworks may give rise to this perception, and that it was likely that the frameworks for mental health and learning disability services would go some way to redress any perceived imbalance.

3.3. Developing effective interfaces with other Government Departments was identified as an important success factor in successful implementation of the Service Frameworks, particularly in relation to those frameworks for areas where there is likely to be a significant cross- Departmental interest, such as mental health and learning disability. Careful consideration will also need to be given to how the development of the mental health service framework will dovetail with the ongoing work to implement the recommendations of the Bamford review. Members agreed that a meeting should be arranged with policy colleagues involved in taking forward the Bamford review to discuss this.

AP. Dr Briscoe to meet with relevant policy colleagues

3.4. Members considered it important that these key messages be reinforced and brought to the attention of individual project teams, and it was agreed that the initiation letter sent to project leads for each new framework would include references to this effect. For those

frameworks where developmental work was already underway, the group agreed project leads should be asked to ensure;

- That individual Service Frameworks place appropriate weight on upstream, preventative measures; and
- That full consideration is given to areas of potential interface with other partners/sectors/Government Depts, and that appropriate arrangements are made to facilitate these where necessary.

AP. Dr Briscoe to discuss with project leads for CVD and Respiratory Health frameworks setting out the agreed points.

4. Final PIDs for CVD and Respiratory Frameworks

4.1 Veronica Gillen provided the group with an outline of the main points of each of the PIDs. Following some discussion around the selection of key performance indicators for each framework, and the importance of ensuring that these are both deliverable and rigorously evidence based, the group agreed that project leads should also be advised that any gaps in the evidence base should be identified and consideration given to how such gaps be addressed, including bringing forward proposals for consideration by Programme Board to bridge any such gaps.

4.2 With regard to the deliverability of the frameworks, the point was made that it will be critical that any resource implications that may arise from the final frameworks and the attendant expectations be managed effectively. To facilitate this, effective input from FMD into each stage of framework development will be important, and the group agreed that it would be desirable that a representative from FMD be involved in each of the individual frameworks.

AP. Mrs Thompson to provide nomination

It was agreed that the proposed letter to project leads should also include details of these nominations, as well as details of a community pharmacy nomination to sit on the Respiratory Health project team.

AP. Dr Morrow to provide details of a community pharmacy nomination.

- 4.3 Members further agreed that the project leads should be advised that;
- In considering resource implications, they should take account of any workforce implications in addition to financial implications; and
 - Project leads should take steps to ensure that their structures adequately reflected the social work perspective.

4.4 Subject to the above issues, the Board agreed to sign off both PIDs.

5. Final Terms of Reference for Cancer Treatment and Care Framework

5.1 Dr Briscoe provided an outline of the TOR and drew members' attention to relevant amendments. Following discussion, a number of amendments to the detail of the TOR were agreed, including that references to 'targets' be removed and replaced by 'standards' and that the detail of the sections relating to 'scope' and 'definition' be clarified.

AP: Dr Briscoe to amend the TOR accordingly, and circulate the revised version to members for signing off.

6. Draft Terms of Reference for Mental Health Service Framework

6.1. Members discussed the draft terms of reference, and were advised that the list of conditions identified within the TOR were informed by the remit of the Bamford review. It was agreed that, in common with other frameworks, full and appropriate consideration needed to be given to potential resource implications. In general, members considered it important that the overall service framework development programme

be sufficiently flexible to take appropriate account of new medicines and treatments, and that the underpinning evidence base for each framework be sufficiently robust to facilitate this. It was clarified that each framework would not be a static document, and that appropriate review mechanisms, most likely through the HSCA, would be established.

- 6.2 Members agreed that each service framework project group should consider how the introduction of new treatments in their particular area of interest should best be managed, on the understanding that any such recommendations made would be handled in a consistent way.

7. Links to Research and Development Strategy

- 7.1. Dr McCaughan advised members of a discussion he had held with Professor Bob Stout regarding the importance of ensuring that the service frameworks be based on the best available evidence, and that linkages should be drawn between the development programme and the Research and Development strategy. Members were agreed that this seemed a reasonable course of action and that further discussion on how the service framework development programme should interface with the R&D strategy would be of value.

AP. Dr Briscoe to discuss further with Professor Stout.

8. AOB

- 8.1 There was no other business.

9. Date of next meeting.

- 9.1. Members agreed that while the next formal meeting of the Board should be in December, an interim meeting would be arranged in October at which Dr David Stewart and Dr Carolyn Harper would be invited to provide progress reports.

Summary of Action Points

- A meeting to be arranged with policy colleagues involved in taking forward the recommendations of the Bamford Review to discuss interface arrangements with the Mental Health SF. **Action: Dr Briscoe/Veronica Gillen**
- Project leads for CVD and Respiratory Health frameworks to be advised as follows;
 - Re-emphasise that care should be taken to ensure and demonstrate that each SF is not solely treatment focussed, with equal importance afforded to prevention and protection, and that appropriate engagement with key stakeholders/partners/sectors and other Government Depts will be essential to success;
 - Project leads should identify and bring to the attention of the Dept any gaps in evidence base that may affect rigour of frameworks;
 - To notify project leads of nomination for community pharmacy representation on Respiratory Framework (**Norman Morrow to provide**);
 - To notify nomination from Finance to be involved in framework development (**Julie Thompson to provide**);
 - Clarify that the reference to resource implications included in the template should also take account of any workforce implications arising; and,
 - Re-emphasise that both frameworks should include appropriate Social Work representation. (**Action: Dr Briscoe**)
- The TOR of the Cancer Treatment and Care framework to be amended to reflect member's comments, and a revised draft circulated to members for approval. (**Action: Dr Briscoe**)
- Discussions to be held with Professor Stout (R&D Office) to explore potential for linkages between the R&D strategy and the SF development programme. (**Action: Dr Briscoe**)