

## **Minutes of Service Framework Programme Board Meeting Thursday 7 October 2010**

### **Present**

Dr Michael McBride (Deputy Chair)  
Martin Bradley  
Dr Maura Briscoe (for Linda Brown)  
Dr Martin Donnelly  
Dr Norman Morrow

### **In attendance**

Jennifer Lamont (Secretariat)

### **Apologies**

John Deery  
Dr Carolyn Harper  
Sean Holland  
Maeve Hully  
Dr Jim Livingstone  
Dr Miriam McCarthy

## **1. Welcome and introductions**

1.1 Dr McBride welcomed Dr Donnelly who was attending the meeting in place of Dr Livingstone.

1.2 Dr McBride acknowledged the low turn out to the meeting but stressed that he felt it was important to proceed in light of anticipated timing pressures likely to be caused by forthcoming purdah period and elections.

## **2. Minutes of Previous Meeting**

2.1 The minutes of the meeting of 25 June were agreed.

## **3. General Progress Update**

Dr Donnelly spoke to this item.

3.1 The Cardiovascular & Respiratory Service Frameworks were published in June and November 2009 respectively. In each Framework, a number of standards are currently being considered in response to changes in the available

evidence bases. These will be considered by the Development Forum and be formally put to the Programme Board for endorsement once agreed.

3.2 The Learning Disability Service Framework (LDSF) was targeted for consultation in March 2011 but this would likely be postponed to June or July due to purdah. However, Dr Briscoe advised the Board that LDSF Project Board have planned to meet in the next week in their own time and hope to progress the final draft document ready to enable consultation to commence before purdah. Dr McBride expressed his thanks that the Project Board are willing to meet in their own time and stressed that this is not an obligation for them.

3.3 Subgroup chairs in the Older People's Service Framework are currently in the process of drafting and further developing their standards. The user reference group held its first workshop on 30 September. Some issues have arisen from Primary Care's development of standards on long term care, but this was discussed at the Service Framework Development Forum where Dr Livingstone asked that the Project Leads write formally to him so he can address the matter at Departmental level.

3.4 The issue of the shifting of standards on dementia from the Mental Health Service Framework (MHSF) was discussed again. Item 2.6 of the minutes of the 25 June meeting refer. It was agreed that the standard should remain in the MHSF for consultation, but it would be more appropriate for the standard to eventually transfer to the Older People's Service Framework to mirror the shift in Departmental policy on dementia to Elderly Care. However, this should not preclude progress on implementation in the interim.

3.5 Work is on-going to develop the PID for the Children and Young People's Service Framework (CYPSF). It is hoped that this will be complete by mid-October. The process of recruiting a Project Manager and populating project teams has also begun.

3.6 Board members agreed that it is vital the CYPSF PID address the need for inter-Departmental and inter-Agency involvement on this Framework as there are so many stakeholders outside DHSSPS. Dr McBride confirmed that the Service Framework Inter-Departmental Working Group was still active and could be used to facilitate such involvement.

3.7 Dr McBride advised members that he had given a similar update to the Departmental Board and had flagged the issues of affordability in the current financial climate and the possible options of either stopping all work on the Frameworks due for launch or consultation in the new year until resource issues were resolved or proceeding with targets and associated timescales for implementation that have been reviewed and scaled down in light of the potential budget cuts.

**Action:**

**PID for Children & Young People's Service Framework to be shared with Programme Board.**

**4. Service Frameworks for Mental Health & Wellbeing and Cancer – Affordability Issues**

4.1 The affordability considerations were discussed together as the issues are the same.

4.2 It is planned that Mental Health Framework be launched for consultation in November, subject to Departmental Board and Ministerial approval. The Cancer Framework is due to be launched in January 2011. Board members were asked to agree that the Frameworks should be submitted to the Departmental Board for approval with the percentage-quantified performance indicators in each document removed until the budget was known.

4.3 SQSD had recommended this option as preferable over either delaying the consultation effectively until at least June 2011 or leaving the percentage-based targets intact regardless of affordability questions arising from CSR2010. Board members agreed that delaying the consultation and launch until after purdah and the Assembly election would likely alienate the stakeholders and project teams who had committed so much effort to the Frameworks. Board members also agreed that to leave the percentage targets and timeframes intact without acknowledging the potential difficulties coming from the next budget settlement was not a tenable option.

4.4 Dr Briscoe put forward the view that the SQSD-recommended option ran the risk of undermining the Frameworks as standards without percentage indicators could be seen to be meaningless. She pointed out that some stakeholders have already indicated they may not endorse such an approach to the Learning Disability Service Framework.

4.5 Dr Briscoe advocated a modified approach whereby the percentage-based targets remain, but the timescales for implementation were removed and replaced with a stock phrase, where appropriate to do so, along the lines of "timescales to be confirmed when resource allocation confirmed",

4.6 Dr Morrow agreed that such an approach would be preferable to removing the percentage targets but also cautioned against the complete removal of the timeframes. He suggested that the project teams re-evaluate those indicators with a percentage-based target with a view to amending them with where appropriate. He stated that the Programme Board have an obligation not only to ensure the targets remain affordable but also not to dilute them so that they

become meaningless. Dr Briscoe concurred with this approach. Dr McBride stated that Minister is likely to be more inclined to support this view.

4.7 Dr Briscoe led a discussion about the importance of distinguishing between cost, affordability and investment in Service Frameworks. She put it that the Frameworks should be presented to the Departmental Board in terms of anticipated costs as well as what Finance Directorate deems affordable. This approach would allow the Board to deliberate over the level of investment required to reach the performance targets by the revised dates within the Frameworks. However, the Framework(s) should proceed to consultation, with TMG apprised of the contingency approach, as identified above. The relative priorities of the Department will be a Ministerial decision but it would be appropriate for the senior departmental members to discuss.

4.8 Dr McBride agreed that consultation on the Mental Health Framework and the launch of the Cancer Framework would only be meaningful in the context of an informed discussion on affordability and for that to take place, full costs must be made clear. He agreed to discuss this with Dr Livingstone and it was noted that the issue may require discussion at TMG and possibly another interim meeting of the Programme Board in advance of submission to the Departmental Board. Dr McBride also agreed to discuss the matter personally with Dr McCormick if necessary.

4.9 Mr Bradley reminded Board members that the Department will have to revisit all its priorities in light of the impact of CSR2010 and as such, it is useful to have Service Frameworks (which were a central tenet of the Reform and Modernisation Agenda and public health) highlighted on the list of concerns.

4.10 Dr Briscoe stated that it would be important to recognise the costs associated with collating baseline data, particularly in the Mental Health Framework where the majority of targets have no baseline data currently established. Dr McBride pointed out that some of this data collection would be done by the Bamford implementation as well as by RQIA and PCC, but acknowledged that the costs should be made clear and the exercise not assumed to be cost-neutral.

4.11 It was agreed that both Cancer and Mental Health Service Framework teams should also be encouraged to make applications to GAIN for funding for audits to establish baseline data collection. Dr Briscoe also advised that the Informatics Steering Group be given copies of the Frameworks as they would be involved in the collection of data.

4.12 Board members therefore rejected the SQSD recommendation to remove the percentage-based targets from the Cancer and Mental Health Service Frameworks. Board members agreed instead to submit a paper to the Departmental Board whereby the full costs of the Frameworks including the

percentage-based targets were set out with contingency arrangements for target dates for implementation included, to be firmed up by the relevant project teams as and when any available resources are known..

4.13 Board members agreed that, should such an approach be approved by the Departmental Board, it would be vital to strengthen the affordability paragraph within the Frameworks as well as including a robust caveat in the covering letter that any timescales would be subject to change depending on the availability of resources.

4.14 It was also agreed that the consultation strategy for the Mental Health Service Framework should be approved by the Programme Board to ensure that the question of potential prioritising of standards is put to consultees. The mechanism for consultation would need to be carefully considered.

4.15 Board members agreed that the papers to the Departmental Board should be submitted by written procedure.

4.16 It was agreed that the approach agreed above should be applied to the methodology of all Service Frameworks and a note be sent to all project leads.

**Actions:**

**SQSD to ensure percentage-based targets reinstated into Frameworks;**

**SQSD to return to project teams for re-evaluation of timescales for implementation of percentage-based targets;**

**SQSD to ensure full costs of implementation (including establishing baselines) to be included in Departmental Board paper;**

**SQSD to ensure “Affordability” paragraph strengthened in each service framework to take account of current financial constraints, and in advance of it being submitted to departmental Board;**

**SQSD to consider promoting a bid to GAIN in advance of closure on 15 November 2010;**

**SQSD to distribute copies of the Frameworks to the Informatics Steering Group.**

## **5. Service Framework for Mental Health – Approval for Consultation**

5.1 Following the discussion and decisions made above, two changes to the content of the Mental Health Framework were submitted by Dr Morrow. The

removal of “(and pharmacy)” on page 75 was agreed. Dr Morrow also proposed the inclusion of a new target on page 109, dealing with levels prescribing in accordance with local and national guidance. It was agreed that this target should be included in all Frameworks.

**Action:**

**Dr Morrow to submit wording for inclusion of new target to SQSD in Mental Health Service Framework, following agreement of the Project Leads.**

**6. Terms of Reference for Programme Executive.**

6.1 Board members were unanimous that the title “Programme Executive” should be replaced with something more appropriate to the function of the group. “Service Frameworks Delivery Team” was suggested as a suitable alternative.

6.2 Board members agreed that the reference to “agreed methodology” under Aims should be expanded to include costings and affordability.

6.3 With these changes, the Terms of Reference were agreed.

6.4 Dr McBride advised Board members that he had discussed the new management arrangements for the Service Framework Programme with the Departmental Board and had stressed the need to monitor the effectiveness of the arrangements as well as any impact on the wider work of SQSD. He also stressed the importance of having a representative from Finance Policy at the meetings of policy leads.

**Action:**

**SQSD to replace title of Service Framework Programme Executive;**

**SQSD to amend Terms of Reference to include costings and affordability under “Aims”.**

**7. Matters arising from the Development Forum**

7.1 Board members noted and agreed the changes to the Terms of Reference.

7.2 Dr Briscoe suggested that Veronica Gillen may have already undertaken some work on a review mechanism based on the Welsh model.

7.3 It was agreed that a progress newsletter be taken forward.

**8. Any Other Business**

8.1 Dr McBride agreed to write to the Dean Sullivan at the HSC Board to invite him and / or Veronica Gillen to join the Programme Board. It was agreed that they would make a valuable contribution to the group.

8.2 Dr McBride also agreed to write to Departmental Finance colleagues to stress the importance of attending Programme Board meetings.

8.3 Board members agreed that Veronica Gillen's invaluable contribution to the Service Framework Programme be acknowledged with a formal letter of thanks now that she has returned to the HSC Board. Dr McBride advised that the Departmental Board had also acknowledged their gratitude at the last meeting.

**Action:**

**Programme Board to write to Veronica Gillen;**

**Dr McBride to write to Dean Sullivan to invite him and / or Veronica Gillen to join the Board;**

**Dr McBride to write to Departmental Finance to remind them of the importance of attending Board meetings.**

**9. Date of Next Meeting**

9.1 The next meeting will take place in January 2011.

