

MINUTES OF THE SERVICE FRAMEWORKS PROGRAMME BOARD

24 January 2011

Present

Dr Michael McBride (CMO, Chair)
Dr Norman Morrow (CPO)
Peter Toogood (Director of Finance)
Dr Jim Livingstone (Director, SQSD)
Dr Adrian Mairs (PHA)
Louise McMahon (HSC Board)
Maeve Hully (PCC)

In attendance

Anne Mills (for Martin Bradley, CNO)
Christine Jendoubi (for Dr Miriam McCarthy, Deputy Secretary)
Dr Jenny Gingles (Service Framework for Respiratory Health and Wellbeing, Commissioning Lead)
John Maguire (Safety, Quality and Standards Directorate, (Note taker))

Apologies

Dean Sullivan (HSC Board)
Sean Holland (Chief SSO)
Dr Maura Briscoe (Director, Mental Health and Disability Policy)

1. Welcome and introductions

1.1 Dr McBride welcomed Peter Toogood, Dr Adrian Mairs and Louise McMahon who were all attending their first meeting of the Programme Board. He also welcomed Dr Gingles, who was in attendance to discuss issues with and proposed changes to the Service Framework for Respiratory Health and Wellbeing.

2. Minutes of previous meeting (SFPB/01/11)

- Matters arising from minutes

2.1 The Board agreed that the minutes were an accurate reflection of the previous meeting

2.2 Dr Morrow reiterated that a performance indicator around prescribing in concordance with regional and national guidelines, included in the draft Service Framework for Mental Health and Wellbeing, should be included in all service frameworks. It was agreed that this would be considered during the review of the generic standards.

2.3 All other matters arising from the minutes have been addressed.

3. Service Frameworks Review Mechanism (SFPB/02/11)

- 3.1 Dr Livingstone spoke to this item. The main points for consideration were
- The only changes that will be considered during the lifecycle of a framework are changes to the performance indicators and targets. No substantive changes to standards will be considered, unless in exceptional circumstances.
 - During the fundamental review, there is an opportunity to change standards and take into account service developments. Potentially all standards could change depending on the evidence base.
 - The generic standards will initially be reviewed as part of the cardiovascular service framework fundamental review. Any changes will then impact on all service frameworks.
- 3.2 The Board agreed that it was important to have an agreed process, and this was an excellent starting point which could be refined over time. Dr McBride invited comment from Dr Mairs and Dr Gingles, as Dr Mairs is involved with the cardiovascular service framework commissioning group, while Dr Gingles is the chair of the respiratory service framework commissioning group.
- 3.3 Dr Mairs welcomed the outline process, agreeing that standards should be immutable. However, there needs to be a more clear definition of targets. It is not always clear that they are designed to be stretch targets, so there is some misunderstanding when they're not met and changed. Dr Mairs also suggested that when finalised, the system should be imbedded in all service frameworks. Dr Gingles also agreed that standards should remain unchanged, but it is important that changes can be made to targets and timescales to reflect the changing environment.
- 3.4 Dr Livingstone noted that further consideration would have to be given to how changes could effectively be communicated to wider stakeholders. It was noted that the cardiovascular and respiratory commissioning teams already works with a number of groups that feed into this process e.g. Chest, Heart and Stroke, Asthma UK, Patient and Client Council and Patient Support Groups and through whom changes can be communicated.
- 3.5 Dr Livingstone responded that while some service frameworks have natural organisations they can look to, the children and young people's service framework and the older people's service framework deal with more disparate groups so will not have the same reach to communities.
- 3.6 Dr Gingles added that implementation should continue to involve and update public groups and there needs to be a mechanism to ensure this. Ms Hully confirmed that this already happens with the older people's service framework. They have a robust process in place for involvement through development into implementation.
- 3.7 Ms Hully informed the Board of the high regard in which the easy access versions of the service framework are held by both the public and the service. They would be a big loss compared to the cost of updating them yearly.

3.8 Dr McBride advised the Board that the chairs of the older people's service framework are keen to explore the possibility of combining the two documents into one easy read document. This is something the Board may need to consider further in the future. There is a view that the larger document tends to be used for purely reference purposes.

3.9 The Board approved the draft review mechanism. Dr Livingstone agreed to table a plan for the first fundamental review at a Programme Board meeting later this year, as well as a paper which further considers the issues around how best to communicate changes to the service frameworks. It was also agreed that a review of generic standards should be initiated in 2011/12 as a stand-alone project.

4. Service Framework for Respiratory Health and Wellbeing – Proposed changes (SFPB/03/11)

4.1 Dr Gingles spoke to this item. There are four broad areas which she identified as issues, leading to suggested changes. These are funding, new guidance, audit / measurement and changes to QOF.

4.2 There were two significant specific issues that Dr Gingles highlighted. The first is in relation to anaphylaxis in children. There is difficulty in auditing the numbers of children who present in A&E and often they are not referred because the service isn't there. However anaphylaxis is too important to remove, demand for the service is increasing so this needs to be addressed.

4.3 The second is in relation to the nebuliser service. Very few nebulisers are being provided by the Trusts, most people are buying their own. This leads to them not being properly maintained and inappropriate prescribing of nebuliser drugs. Proper use and maintenance of nebulisers may also lead to a reduction in hospital admissions. There is a case to be made for the regional procurement and standardising of nebuliser services, and it should be discussed further outside of the Programme Board.

4.4 Dr Gingles also wished to make the Board aware that the palliative care standards may not be achieved within the timescales.

4.5 Dr Gingles informed the Board that an application would be made to GAIN in order to support the audit of the framework. Dr McBride advised that service frameworks applications would have his priority support, unless other important issues were to be identified in year.

4.6 The Programme Board agreed that they were content with the proposed changes to the Service Framework for Respiratory Health and Wellbeing.

5. Update on Service Frameworks Programme (SFPB/04/11)

5.1 Dr Livingstone spoke to this item.

- 5.2 The Board was asked to note the difficulty there has been in keeping the Interdepartmental Liaison Group on Service Frameworks going. They have not met in over a year. The service frameworks have been quite well supported at ground level, but there is difficulty in getting buy-in from other Departments at a policy level.
- 5.3 Mrs Jendoubi commented that it is difficult to get buy in from other Departments unless it benefits them. They need to see where they fit in which is not always clear, for example, the older people's service framework will not have a natural home within other Departments.
- 5.4 It is hoped that the Service Framework for Learning Disability, which will be ready for consultation later this year, will stimulate other Departments to action.
- 5.5 Dr Mairs asked that the Service Frameworks Informatics Group give consideration to the testing of data sources during the refinement and costing stage in the service framework development process.
- 5.6 The Programme Board expressed their appreciation to the Service Frameworks Delivery Unit for their work in bridging the gap left by Veronica Gillen's departure.

6. Service Framework for Cancer Prevention, Treatment and Care

- 6.1 Dr Livingstone spoke to this item.
- 6.2 The document is still being finalised and will be circulated around the Programme Board in the next week or two.
- 6.3 At this time there is some concern that document will not be launched given the uncertainty around the final budget. At a meeting with NICaN, HSC Board and PHA in December, it was proposed that the framework would be launched in early 2011, heavily caveated to take account of the budget situation. It would not be launched for implementation, but for implementation planning. It would not have an impact on resources at this stage. This is a subtle change to the service frameworks process.
- 6.4 Dr McBride agreed that this seemed a pragmatic approach. The programme will lose credibility for professionals and public if it seems to have been shelved. He proposed that the Board agree to this way forward.
- 6.5 Mr Toogood thought that it will be important that we manage expectations; therefore the wording of the caveat is exceptionally important. A form of words should be agreed with the HSC Board and PHA. Ms Hully added that we need to be sure of our direction of travel. The public were widely consulted, it is important that they know the standards won't change.
- 6.6 This new approach for service frameworks will test the water for all strategies going forward. People need to know what to expect when they get involved. It is now important to have a communications strategy for communicating with the wider community. This will be taken forward by the development forum

- 6.7 Service frameworks never had any new funding identified for them. They are based on what is already out there and are a means for quality improvement, consistent application of service and identifying gaps.
- 6.8 The Programme Board agreed to approach proposed for the launch and implementation planning of the Service Framework for Cancer Prevention Treatment and Care.

7. Service Framework for Cardiovascular Health and Wellbeing – Proposed changes (SFPB/05/11)

- 7.1 Dr Heather Livingston joined the meeting at this point to discuss this item.
- 7.2 It was noted that changes were being suggested to a KPI for one of the generic standards. After some discussion, it was agreed that this change could wait until review, however the review of the generic standards should be separate from fundamental review, and occur every two years with the first happening next year.
- 7.3 The other recommendations were agreed by the Programme Board.
- 7.4 It was agreed that to aid the review process, in future the commissioning teams will be asked to comment on the importance of their suggested changes and if they need to be made in year, or if they can wait until the fundamental review.
- 7.5 It was also agreed that once finalised, the review mechanism paper (SFPB/02/11) should be shared with the HSC Board and PHA.

8. Service Framework for Children and Young People's Health and Wellbeing – Draft PID (SFPB/06/11)

- 8.1 The Programme Board was broadly content with the PID and supported comments already made by policy colleagues in relation to safeguarding and maternity. Dr McBride invited the Board to make any further comments.
- 8.2 Mrs Hully commented that palliative care for children should go beyond the high level generic palliative care standards. There is currently no paediatric palliative care strategy; however this is something that will be discussed with Martin Bradley, who can then give a steer to the Children and Young People's service framework project team.
- 8.3 Mrs. Mills suggested that transitions to adult services for disabled children seemed quite narrow. Issues relating to transitions reach further than disabled children.
- 8.4 It was Dr Morrow's view that parenting in the context of this service framework is of fundamental importance, and asked that consideration be given to giving it more prominence, maybe even a workstream in its own right.

- 8.5 Mrs Jendoubi sought assurance that nutrition and capacity to thrive will be adequately dealt with.
- 8.6 These comments will be fed back to the project leads and the final PID will be circulated to the Programme Board for approval by written procedure.

9. Any other business

- 9.1 There was no other business

10. Date of next meeting

- 10.1 The next meeting will be held in April, date to be confirmed

ACTION POINTS

- **Paper outlining the service framework fundamental review process to be tabled at a future Programme Board meeting in 2011**
- **Testing of data sources during service framework refinement to be considered by the Service Frameworks Informatics Group**
- **Caveat for Service Framework for Cancer Prevention, Treatment and Care to be agreed with HSC Board and PHA**
- **Service Frameworks for Cancer Prevention, Treatment and Care to be finalised and circulated to Programme Board for approval by written procedure**
- **Communications Strategy to be considered by the Service Frameworks Development Forum**
- **Plan for review of generic standards in 2011-12 to be developed**
- **Comments on Service Framework for Children and Young People's PID to be fed back to Project Leads, and final PID to be circulated to Programme Board for approval by written procedure**