

SERVICE FRAMEWORK PROGRAMME BOARD MEETING THURSDAY 8 FEBRUARY IN RM E4.18, CASTLE BUILDINGS

Present:

Dr Michael Mc Bride (CMO)(Joint Chair)
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)
Pat Newe (Asst Chief Insp, SSI)
Dr Elizabeth Mitchell (PMO)
Cathy Harrison (Principal Pharm.Officer)
Joy Youart (Clinical Advisor)
Dr Louise Herron (Public Health Advisor)
Sean Scullion (SGU)

1. Welcome and Introductions

1.1. Mr Hamilton welcomed attendees to the meeting, and outlined the importance of the work to develop service frameworks. The introduction of frameworks will make an important contribution to the ongoing reform and modernisation agenda, and will for the first time set explicit standards for the delivery of services, with which the Minister will expect the HPSS to conform.

Dr McBride added that the new frameworks had the potential to redesign how care is delivered through the HPSS, and, by bridging the gap between strategy and delivery, would also play a key role in informing the commissioning and performance management arrangements of the new HSSA.

1.2. Mr Hamilton emphasised the delivery focus of the frameworks, in addition to the governance considerations, and also highlighted the tight timetable for developing them.

1.3. Dr McCaughan queried the terminology used, suggesting that the principal focus of the frameworks should be on health rather than

disease. Following some discussion, it was agreed that this suggestion would be given further consideration as the developmental work progressed.

2. Service Framework Development

2.1. Dr Briscoe gave an overview of the Project Initiation Document, setting out the context, process, delivery arrangements and proposed timetable. Dr McBride clarified that Mr Morrow and Mr Sissling were also members of the Steering Group, and identified the importance of ensuring adequate service and user involvement in the developmental process.

2.2. After some discussion on the terms of the PID, members agreed that the development process needed to be realistic, taking appropriate account of resource implications in both the development and implementation stages, that effective mechanisms to engage with all stakeholders will be key to successful delivery and that careful consideration needed to be given to the implications of raising public expectations through the final frameworks. Members also agreed that the final frameworks must retain sufficient flexibility to take account of changing knowledge and priorities, for example NICE guidance.

2.3. Subject to these comments, the terms of the PID were agreed.

3. Terms of reference- Programme Board

3.1 In relation to the membership of the programme board, Dr Mc Bride suggested that Martin Connor be invited to join the steering group to provide an external view. It was agreed that further consideration be given to this proposal.

- 3.2. Mr Bradley raised the issue of quality assurance arrangements, and queried whether a separate project group should be established with this specific remit. Following discussion on this matter, it was agreed that in light of the quality assurance elements built into the developmental process, and in the interests of keeping the process as manageable as possible, a separate group to oversee this was not necessary at present. It was also agreed that the remit of the programme board in the terms of reference (3.0) should be expanded to include a quality assurance function.
- 3.3. Mr Martin suggested that the stated aim (2.0) of the programme board should be amended to reflect the cross-sectoral and cross-Departmental nature of some of the frameworks. This was agreed, and the wording of the group's aim will be amended accordingly.
- 3.4. Dr McCaughan queried whether there should be HPSS representation on the programme board, and members agreed to consider this.
- 3.5. Subject to these amendments and comments, members agreed and signed off the terms of reference of the Programme Board.

4. Template for Development of Service Frameworks

- 4.1. Mrs Youart delivered a presentation on a generic template for developing a service framework.
- 4.2. Dr McCaughan queried whether the model proposed would encompass the voluntary sector, and was advised that it would. Members suggested that reference in the presentation to disease specific frameworks would not be applicable in the context of Northern Ireland's integrated services, and this point was accepted.

4.3. Mrs Youart was thanked for her presentation, which the group found very useful. A copy of this will be circulated to members.

5. Terms of reference for Service Frameworks

5.1. Mr Hamilton advised that in order to meet the proposed timetable for development of the frameworks, work needed to get underway as soon as possible, and the terms of reference needed to be agreed by the Board to facilitate this.

5.2. Dr Briscoe highlighted the elements that will be common to each of the frameworks, and the project team's intention to take account of and build incrementally on relevant strategies and policies already in place. Dr Mitchell suggested that the terms of reference for the cardiovascular disease framework should mention heart failure, and this was accepted. Mr Newe pointed out that it would be important that the focus of the frameworks be sufficiently broad to take appropriate account of the needs of any others impacted upon by the individual's illness, such as families and/or carers. Dr Briscoe confirmed that the frameworks would recognise this.

5.3. Dr McCaughan queried whether the frameworks would have a role to play in setting thresholds for access to treatment. Dr Briscoe advised that, while in general it was unlikely that the frameworks would provide for specific recommendation in individual cases, they would have a role to play in identifying best outcomes and thus providing guidance for the HPSS. This guidance should also inform decisions on investment for particular treatments.

5.4. Mr Hamilton stated the importance of giving careful consideration to the potential resource implications of implementing the frameworks. Dr Briscoe confirmed the Departmental Board's view that the frameworks

should not require additional new investment. Dr McBride felt it important that the resource neutral status of the frameworks be clearly signalled, and added that the implementation of the frameworks should impact on unsustainable services by removing these from the system. Dr McCaughan highlighted a potentially useful role for the frameworks in helping to prioritise and monitor expenditure decisions. Mr Newe, while accepting that the process would be resource neutral in the round, considered that some upfront investment may be required to achieve the necessary degree of culture change to deliver successful implementation.

5.5. Dr McCaughan proposed an addition to the remit of the terms of reference of both frameworks to reflect the resource position, and members agreed that the wording 'within the DHSSPS resource framework' be added to the overall terms of reference.

5.6. Subject to these amendments, the group agreed the terms of reference.

6. Next Steps

6.1. Mr Hamilton confirmed that initial work had begun on developing the cardiovascular service framework, and that as part of this, an internal trawl has been circulated in the Department to identify existing policies and strategies.

7. AOB

7.1. Dr Briscoe drew the attention of members to some of the key risk areas outlined in the project initiation document which may impact on the successful delivery of the frameworks, highlighting in particular the potential return of devolved government and the implications of the recommendations of RPA.

8. Date of next meeting

- 8.1. Dr Briscoe anticipated a further two meetings of the programme board later in the year, and members agreed that these should be timed as far as possible to coincide with key milestones in the development process. Details of dates and venues will be circulated in due course, and members will be kept informed electronically of significant developments in the interim.

Summary of Action Points

- The Programme Board TOR to be amended to reflect the importance of a quality assurance function and also the cross-sectoral and cross-Departmental nature of the Service Frameworks. Revised draft to be circulated to members. **Action: Dr Briscoe**
- Further consideration to be given to extending membership of steering group to include Martin Connor, and also potential HPSS representation. **Action: Mr Hamilton/Dr McBride (Joint Chair)**
- The TOR of the Cardiovascular and respiratory services frameworks to be amended to reflect member's comments, and revised drafts circulated to members. **Action: Dr Briscoe**
- A paper on potential resource implications will be brought to the next meeting of the Programme Board. **Action: Dr Briscoe**
- Produce presentation on Service Framework development process. **Action: Dr Briscoe**