

**NATIONAL DELIVERY PLAN FOR CHILDREN AND YOUNG PEOPLE'S  
SPECIALIST SERVICES IN SCOTLAND  
BIDS MEETING: TUESDAY 26 AUGUST 2008, BMA OFFICES, 14 QUEEN  
STREET, EDINBURGH**

Present: John Froggatt, Scottish Government Health Directorate – Chair  
Janice Birrell, Programme Manager, National Services Division  
Myra Duncan, Regional Planning Director, South East and Tayside (SEAT)  
Deirdre Evans, Director, National Services Division  
Stewart Forsyth Medical Director, NHS Tayside Acute Services Division  
Alison Hutchison, Scottish Government Health Directorate  
Annie Ingram, Director of Regional Planning and Workforce Development,  
North of Scotland Regional Planning Group  
Heather Knox, Director of Regional Planning, West of Scotland  
Morgan Jamieson, National Clinical Lead for Children and Young People's  
Health in Scotland  
Ken Mitchell, North of Scotland Regional Planning Group  
Jamie Redfern, General Manager, West of Scotland Regional Planning Group  
Jackie Sansbury, Director of Strategic Planning, NHS Lothian  
Mary Sloan, Scottish Government Health Directorate  
Robert Stevenson, Scottish Government Health Directorate

1. WELCOME AND INTRODUCTIONS

1. John Froggatt welcomed everyone and explained this would be a one-off meeting to discuss the bids which had been submitted for the specialist children's services funding. He hoped outstanding issues could be resolved to leave a clear path for the National Delivery Plan Implementation Group which was due to hold its first meeting on 5 September.

2. John then set the context. He reminded the meeting that the Regional Planning Groups and Special Health Boards had been asked to submit bids which took into account the criteria set by the National Steering Group for Specialist Children's Services in Scotland. He went on to say the bids had been considered against the priority areas set out in Annex A of his letter of 25 April 2008. At its meeting in June 2008, the Children and Young People's Health Support Group (CYPHSG) had asked that where differences between bids remained they should be reconciled where possible before approval.

3. John informed the meeting that *Better Health Better Care*, Chief Executive Letter CEL (2008) 20 set out the governance arrangements for implementation of child health policy in Scotland. The CYPHSG had been designated as the group to oversee the implementation of policy highlighted in the *Best Possible Start* section. The CYPHSG had agreed at its meeting in June to establish an Implementation Group to take forward the National Delivery Plan. The IG would function as a subgroup of the CYPHSG and Caroline Selkirk had been appointed as the chair and would be expected to report back to the CYPHSG on progress.

4. John reported that Derek Feeley had chaired a meeting in July 2008 to set criteria for setting up Managed Service Networks (MSNs). That meeting had agreed on a model which they had proposed should be tested in neurosurgery/neurosciences and in children's cancer services.

5. During discussion the following points were raised:
- The Managed Service Networks (MSNs) discussion paper had issued to Directors of Planning: it would be shared with regional leads.
  - The children's cancer Managed Clinical Network (MCN) would be a key element of the MSN and should continue its work into the MSN but no further clarification was available as yet on how this would be taken forward.
  - The process for taking forward MSNs was important but MCNs should progress and not await the MSN work. .
  - The role of the Chair was discussed
  - As announced at its meeting on 14 April, the National Steering Group for Specialist Children's Services in Scotland was now dissolved, although it had been acknowledged that further work was required
  - The National Delivery Plan Implementation Group would be accountable to the Children and Young People's Health Support Group (CYPHSG)
  - Chief Executive Letter (CEL(2008)20) stated that the CYPHSG would be responsible for children's issues as described in the *Best Possible Start Section*.
  - Concern was expressed that the CYPHSG did not have an Executive function in terms of service delivery.
  - The CYPHSG membership should be reviewed to reflect its new role and responsibilities.
  - The next round of bids to be submitted by December 2008 recognising that there would probably have to be a third round in 2009.

**Actions:**

**Role and Remit of the Implementation Group to be circulated for 5 September meeting.  
MSN discussion paper to be circulated**

**ITEM 2 BIDS FOR YEAR 1 ALLOCATIONS**

6. Bids from the West of Scotland had been submitted for rheumatology, general surgery, cancer, planning and cystic fibrosis. Funding had been received for all with the exception of cystic fibrosis. A clinically-led interface group had been set up to develop the Years 2 and 3 bids. Project managers for general surgery and cancer were in post, the rheumatology consultant post would be advertised.

7. South East and Tayside (SEAT) had submitted bids taking into account regional priorities: paediatric general surgery – a joint post with Fife and Borders; support for the gastroenterology MCN with a multi-disciplinary approach; support for a Network for child sexual abuse; an infrastructure bid; rheumatology, cancer and cystic fibrosis. SEAT had received funding for all, but had only received part of the rheumatology bid.

8. National Services Division (NSD) had submitted a range of bids: network office support for national MCNs (complex care, cystic fibrosis, endocrinology and rheumatology). The bid for critical care had not been supported. The metabolic disease MCN was running. A bid had been submitted for cancer to maintain the momentum, to fund initiatives to facilitate joint, multi-disciplinary working on different sites. NSD were disappointed this had not been funded. The bids for an audit resource for the network offices and for database support had not been funded either. NSD queried if it would be possible to advertise posts for

the children's cancer network under one "Scottish" banner as this would help to promote the "single service across Scotland" concept. It was agreed that was acceptable.

9. The North of Scotland had submitted bids for regional and national infrastructure, taking into account the criteria. Clinicians and public health colleagues had been involved. It had bid for IT support for neurology and gastroenterology but this hadn't been funded. It had also submitted bids for complex respiratory, general surgery and metabolic diseases. Bids had also been submitted for the national priorities of cancer, rheumatology and cystic fibrosis but not all the funding requested had been approved.

10. During discussion the following points were raised:

- There was merit in the proposals for developing support for networks and that this would improve joint working, provide efficiencies and provide support for existing as well as new networks. However there should be further discussion and agreement involving NSD, RPGs and EHealth colleagues in the Scottish Government should take place.
- Further investment in developing childrens cancer services should be taken forward in the context of the MSN approach however it should not hinder the work of the emerging MCN.
- Some NHS Boards had asked if CAMHS could be part of the process for allocating funds available for Specialist Childrens Services.
- Child and Adolescent Mental Health Services (CAMHS) were not included in the bid that was put forward as part of the Strategic Spending Review and this submission had only been partially funded.
- CAMHS was already subject to separate framework which had been published in 2005, which had only been partially implemented.
- It was unclear what the resource implications for addressing the issues identified in CAMHS would be and further work was required to determine what the costs of implementing the CAMHS Framework would be.
- CYPHSG had identified CAMHS as a priority however the extent of funding required would need to be ascertained. The CYPHSG could take this to the Cabinet Secretary but real cost implications would have to be outlined.
- CAMHS should be included in waiting times targets.
- It would be helpful to see the allocations made to NHS Education for Scotland (NES) and the Scottish Centre for Telehealth (SCT): the aim of SCT's Year 1 bid had been to strengthen the networking process, looking first at the children's hospitals before rolling out to the District General Hospitals (DGHs).
- The draft proposals for evaluating the stated benefits to patients of the North of Scotland plan for specialist children's services was very helpful in setting out the benefits and outcomes: inequalities also had to be considered along with the patient safety agenda.
- These proposals should be taken forward with the improving outcomes agenda.
- Additionality would be difficult to demonstrate: NOS Planning Group had developed a template for Networks to complete.
- There was potential to work nationally with the Public Health Network. It had looked at benefits to patients and had been asked to link in with Information Statistics Division (ISD). It could also possibly link in with NES.

- It was recognised the participating organisations would have to look at working more closely together in the next round of bids.

### ITEM 3      YEAR 1 ALLOCATIONS

#### 3.1            Basis of allocations/criteria used

11.      The basis used for determining for allocations had been set out in John Froggatt's letter of 7 August 2008 and had been based on the criteria set by the National Steering Group as outlined in John's letter of 25 April 2008. The CYPHSG had requested that bids be reconciled where possible. It was noted that the total amount of bids received exceeded the funds available, however it was recognised that proposals could be rolled forward into year two.

12.      During discussion, these points were raised:

- Differing views on whether or not children's cancer had been funded according to the criteria.
- The issues raised during the development and consultation on the National Delivery Plan had been recognised and valued.
- Concern was expressed that if Year 1 work couldn't go ahead then Years 2 and 3 would be difficult.
- MCNs could take forward Year 1 work, ie develop multi-disciplinary teams, it would therefore be important to establish MCNs in Year 1.
- The Implementation Group's role was queried: a draft paper on its role and remit would be issued prior to its first meeting on 5 September.

#### 3.2      Detail of what has/has not been funded

13.      Clarification was sought on what items had not been funded in proposals examples were given of where it was unclear for example:

- Childrens cancer and rheumatology and the database proposal for neurology and gastroenterology in the NOS.
- NES proposals.
- WOS infrastructure.
- Network of Networks and childrens cancer service development proposals put forward by NSD.
- SEAT had submitted funding for a rheumatology consultant post however resources had been allocated 50/50 with the WOS to reflect the joint nature of the post.

#### 3.3      What next for areas not funded

14.      During discussion, the following points were raised:

- Robust discussions had already taken place.
- Decisions had been made on the prioritisation criteria and available resource for 2008/2009 however this was not a reflection on the quality of the proposals or their suitability for submission for funding in 2009/2010.
- There were also a number of areas where there was the need for further discussion or where there were issues that should be resolved for example network support, childrens cancer

- It would have been helpful if the posts being funded had been set out more clearly
- Discussions were taking place in the west on how better to join up regional and national bids for Years 2 and 3
- The West of Scotland appeared to be self-contained but this was not the case elsewhere. NSD could arrange inter- regional meetings and provide secretarial support
- The Implementation Group should be able to pull the processes together: processes will be discussed on 5 September. The Implementation Group must be clear about its important role. Each member of the Group should be asked to take responsibility for one specialty
- Managers are accountable for the money and must be involved in the process
- 3 separate, but linked, regional plans will have to be developed. A lead in each area should be identified
- Tension among the regions was inevitable, but this needed to be managed to provide equitable services.

### 3.4 Implementation arrangements, including confirmation of funding arrangements/ release of monies

15. The proposed membership of the Implementation Group was discussed and suggestions made on potential participants. John Froggatt indicated that this would be discussed at the Implementation Group meeting on 5 September.

#### 16. **Actions:**

**Regional Planning Groups to inform John Froggatt on where funds should be sent.  
Robert Stevenson to produce revised spreadsheet indicating what areas had not been funded.**

## ITEM 4 UNRESOLVED ISSUES ARISING FROM THE INTERIM BIDS PROCESS

- Agreement on the critical care network required: further discussion would have to take place.
- The findings of the HDU audit was needed to determine whether a national or regional MCN should be established – the audit should be available in October.
- NSD to initiate discussions and suggest way forward for its work.
- It would be helpful to have a list of outstanding issues and who is leading on what
- A lot of Year 2 bids could be recurring which would impact on what was available for Year 3.
- Discussions on IT and database support should take place with EHealth colleagues
- Can money allocated be used to fund other priorities if there was slippage.
- Morgan Jamieson and Robert Stevenson were considering the responses received during the National Delivery Plan consultation. This was more complex than anticipated. A summary would be presented to the Implementation Group on 5 September. Priorities had not been challenged but implementation issues had been raised and other areas that could be considered put forward.

#### **Action:**

**Process for submitting bids for year two to go on the agenda for the Implementation Group**

ITEM 5 FEEDBACK FOR THE NATIONAL DELIVERY PLAN  
IMPLEMENTATION GROUP

17. John Froggatt said this had been a helpful meeting and that the agenda for the Implementation Group would reflect the issues raised and provide the opportunity to determine the best way forward for specialist childrens services in Scotland.