

**NATIONAL DELIVERY PLAN IMPLEMENTATION GROUP MEETING: 5
SEPTEMBER 2008, WEST PARK CONFERENCE CENTRE, PERTH ROAD,
DUNDEE**

Present: Caroline Selkirk, Director of Innovation and Change, NHS Tayside -
Chair
Jim Beattie, Scottish Officer, Royal College of Paediatrics and Child
Health
Fiona Dagge-Bell, Director of Patient Safety and Performance
Assessment, NHS Quality Improvement Scotland
Chris Driver, NHS Grampian (Representing Mike Bisset)
Helen Byrne, Director of Acute Services Strategy, Implementation &
Planning, NHS Greater Glasgow and Clyde
Lorraine Currie, Chair, Child Health Commissioners' Group
Eddie Doyle, Clinical Director, NHS Lothian
Myra Duncan, Regional Planning Director, SEAT
Deirdre Evans, Director, National Services Division
Stewart Forsyth, Medical Director, NHS Tayside
Annie Ingram, Director of Regional Planning and Workforce
Development, North of Scotland Regional Planning Group
Heather Knox, Director of Regional Planning, West of Scotland
Jackie Sansbury, Director of Strategic Planning, NHS Lothian
Iain Wallace, Associate Medical Director, NHS Greater Glasgow and
Clyde

Scottish Government

John Froggatt, Deputy Director of Healthcare Policy and Strategy
Morgan Jamieson, National Clinical Lead for Children and Young
People's Health in Scotland
Margaret McGuire, Interim Deputy Chief Nursing Officer
Robert Stevenson, Head, Specialist Children's Services Team
Louise Smith, Senior Medical Officer
Mary Sloan Child and Maternal Health Division
Alison Hutchison Child and Maternal Health Division

Apologies: John Wilson, Chair, SEAT Children's Regional Planning Group
Mary Boyle, NHS Education for Scotland

1. WELCOME AND INTRODUCTIONS

1. Caroline Selkirk welcomed everyone to the first meeting of the National Delivery Plan Implementation Group (IG). She stated she would like the group to develop a work plan today. As a new group she also wanted a thorough discussion of the role and remit of the IG. She wanted all comments or concerns to be raised at this meeting.
2. John Froggatt set the context of the work of this group. He reminded the meeting that the Action Framework and the National Delivery Plan (NDP) featured in the Best Possible Start chapter of *Better Health, Better Care*, governance

arrangements for which are set out in Chief Executive Letter 20 (CEL 20). Groups have been set up to implement Better Health Better Care, each headed by a Scottish Government (SG) Director and a Health Board Chief Executive. Derek Feeley, Director of Healthcare Policy and Strategy, and Malcolm Wright, Chief Executive of NHS Education for Scotland (NES) and Chair of the Ministerial Advisory Group, the Children's and Young People's Health Support Group will lead the Best Possible Start Group.

ITEM 2 DRAFT ROLE AND REMIT AND MEMBERSHIP OF THE IMPLEMENTATION GROUP

3. Robert Stevenson said that positive responses had been submitted during the National Delivery Plan (NDP) consultation exercise. A consultation report had now been received. The responses supported Networks and confirmed the right areas had been addressed. They also highlighted the areas which should be reviewed in the next year. He and Morgan were amending the NDP in light of the responses.

4. During discussion the following points were raised:

- Concern about the work of the Group and the timing of publication of the NDP. Robert stated that he hoped issue the NDP in October.
- Risks, ie workforce, must be taken into account. Evaluation of the impact of changes must be considered
- Services must be sustainable
- The outputs from the planning review would set the framework for the work of this Group
- Measurable outcomes should be developed: Information Services Division (ISD) were developing outcomes
- This Group had a planning/commissioning and support role, then would move into oversight of implementation
- The people on the ground should be involved to share good practice
- The additional funds should be used as a lever to make changes: changes would have to be measured to provide evidence of significant improvements in 2 years' time
- Getting child health services at the top of Boards' agenda was difficult: this Group could offer advice and share good practice

Actions:

Annie Ingram to circulate the North of Scotland public health network (NoSPHN) draft proposals for evaluating the stated benefits to patients of the North of Scotland Plan for Specialist Children's Services.

5. In summary, the Group would:

- Communicate with each other
- Evaluate their processes
- Agree a process to identify and address the specialities not previously covered which require review, and agree a timescale for completion
- Understand and support sustainability of specialist services at local, regional and national level

- Take account of workforce issues.

6. Membership was discussed and it was agreed that the group shouldn't become too big, but that there was a lack of clinical members and there was not enough representation from smaller health boards. It was agreed to increase the group's membership to include a representative from Telehealth Scotland (SCT), a clinician, an Allied Health Professional (AHP) and a lead nurse. It was agreed that Information Statistics Division would form part of a sub group.

Actions:

Annie Ingram to identify a Nurse with remote and rural experience to join the IG.

Robert Stevenson to contact AHP Group for a representative

Heather Knox to identify clinician from Dumfries and Galloway to join the IG.

Morgan Jamieson to identify a telehealth representative to join the IG

ISD to be invited to join appropriate sub-group sub groups.

ITEM 3 PRIORITISATION PROCESS FOR THE BIDS IN 2009/2010 AND 2010/2011

7. John Froggatt's letter of 25 April 2008 set out the criteria to be used for developing the bids for the specialist children's services funding for the first year. Some of the IG felt there was a lack of clarity and consistency on who was bidding for what, the Group needed a clear remit set as to exactly what was required. The bids should be standardised so that they all take the same approach. Robert will, after looking at some of the current processes for the bids and with the help of IG members, construct a template to standardise the bidding procedure.

Actions:

Heather Knox, Annie Ingram and Myra Duncan to send to send their current process for bidding to Robert Stevenson to analyse.

Robert Stevenson to work with Heather Knox, Annie Ingram, Myra Duncan, Deirdre Evans and Jackie Sansbury to create a template that will standardise this procedure, then present it to the IG.

8. The IG then went on to discuss if they should look at the bids for year two and three together or if this should be done separately. It was agreed that, to look at year 2 first but a judgement on how much to leave in Year 3 for new specialities would be needed.

9. During discussion the following points were raised:

- Need input from finance on development of plans re affordability, prioritization, process etc. Discussion with Derek Lindsay, A&A on his potential involvement.
- What the outcome to the funding would be if a change of Administration occurred - it would be the normal process that if services had improved then funding would continue.

- Which Health Board would get funding if, for example, Tayside employed a Consultant to cover the Highlands - confirmation was requested on this point.
- This funding was in addition to other funding and was not to be used for core services: additionality must be demonstrated.

Actions:

Bids to be submitted for year 2 by the end of December 2008.

Robert to contact Derek Lindsay and discuss his involvement.

ITEM 4 PROCESS TO IDENTIFY AND PRIORITISE REMAINING SPECIALITIES

10. The group raised concerns about the children's specialist services which still needed to be reviewed and were advised the paper circulated for agenda item 5 listed potential service areas to be included. The question of whether Child and Adolescent Mental Health Services (CAMHS) should be included or excluded from the list for funding was brought up. John Froggatt reported that Derek Feeley had stated that if the Chief Executives decided unanimously to include CAMHS then the Scottish Government (SG) would have to consider it but until such times CAMHS was excluded.

Actions:

Robert Stevenson to discuss with Regional Planning Directors and revise the paper listing the specialties which required to be reviewed for the next meeting.

ITEM 5 WORK PROGRAMME 2008/2009

11. Robert Stevenson informed the meeting that the *Potential Areas of Activity for Implementation Group* paper was a discussion paper which flagged up the key areas for taking forward implementation of the NDP. During discussion, the following points were raised:

- Page 3, NSD was responsible for cystic fibrosis, the regions were responsible for complex respiratory services. Planning for cystic fibrosis, complex respiratory and ventilation had to be done together
- Page 3, Emergency Care should be deleted
- Page 4, some services should be delivered pan-Scotland, ie regions working together, as opposed to national. There should be a lead for each pan-Scotland specialty
- Page 5, areas still to be reviewed was still open to discussion but these had been identified through the NDP consultation. Should Neonatal services be included as this is funded under Paediatrics.
- The National Implementation Plan being produced should be brought to October meeting.
- The bids submitted by end December should be discussed at the January meeting: the bids must be based on additionality

- Concern was expressed about the dates contained in the paper. Each member to liaise with their Regional Planning Group on the dates for these high level priorities and to feedback to Robert for the next meeting
- Page 6, more discussion was needed on Managed Networks: most Networks need support to analyse date: national funding needed for creating databases. A lead should be identified
- Further discussion was required on a Managed Service Network (MSN) approach for cancer services
- A discussion should also take place on hw the Implementation Group should take forward establishing Managed Clinical Networks (MCNs): one Regional Planning Group should take the lead in coordinating
- Page 7, concerns were raised about the possibility of silo working
- The North of Scotland was undertaking a mapping exercise of the workforce but was concerned NHS Education for Scotland (NES) wouldn't be able to do what was required – the NES project infrastructure must link in to need.

Actions:

Members to look at the work programme and submit comments to Robert Stevenson.

Robert Stevenson to revise the paper and circulate to next meeting for comment.

John Froggatt/Robert Stevenson to discuss MSN approach with Derek Feeley

Annie Ingram and Janice Birrell of NSD to meet to discuss cancer services for all of Scotland.

ITEM 6 DIRECTORS OF PLANNING REVIEW

12. A sub group was looking at options **and proposals would be brought forward at a later date.**

ITEM 7 COMMUNICATION

- KEY STAKEHOLDERS
- ROLE OF IMPLEMENTATION GROUP MEMBERS

13. It was agreed that all members of the IG had the responsibility to share information from the group and to bring in views from the wider community. At the next meeting they wanted feedback from the National Deliver plan. The IG meetings should be held 6 weekly until mid January then 8 weekly thereafter. A stakeholder event should be planned for January/February 2009: a date and venue should be identified and circulated widely ASAP. Concern was expressed about what the purpose of the event would be.

14. It was suggested a communication plan, and perhaps a newsletter, should be produced.

Actions

All IG members agreed they had a responsibility to share information from the group and to bring views from the wider community –all

A quarterly newsletter to be produced on the work of the IG

Communication plan to be developed for discussion at next meeting of the IG

A stakeholder event should be planned for late November / early December. A venue and date should be identified and circulated widely

ITEM 8 PERFORMANCE MANAGEMENT

15. It was agreed that performance would have to be measured, perhaps by a balanced score card method but that too much reporting should be avoided – a template to monitor (3 or 4) outcomes should be produced. Agreement would have to be reached on what was to be measured. Evidence on the difference made was important, a comparison of before and after was essential. A recommendation was made that the group should set up a short life working group to look at performance. The IG was asked to give this process some consideration and it would be carried forward to the next meeting.

16. It would be important to get clinicians on board to ensure the workforce know what is going on.

17. It was pointed out that taking account of patient safety was fundamental but that the Children and Young People's Health Support Group (CYPHSG) was taking that forward.

18. It was also pointed out that separate guidance on Age Appropriate Care would be issued once it had been endorsed by the CYPHSG. Pat Jackson and Chris Kelnar were looking at children with long term conditions who would be moving into adult services.

Actions:

Morgan Jamieson and Fiona Dagge-Bell to meet to discuss standards and outcome measures.

Include the work of the Patient Safety Programme and QIS should be involved in these discussions

ISD be contacted with a view to pulling together a meeting around 'outcomes' (as per recommendation in draft NDP). This would also involve QIS and RCPCH

ITEM 9 DATES FOR FUTURE MEETINGS

19. It was agreed that meetings would be held every 6 weeks until the end of January thereafter they will be 8 weekly. The January meeting will consider the bids for year 2. Timetables of agenda items by meeting dates will be produced and issued to ensure items are discussed in a timely manner and that group members are able to come prepared.

Actions:

The SG will source dates for meetings for the next 12 months and circulate ASAP.

Scottish Government to produce a forward timetable of agenda items after each meeting

ITEM 10 AOCB

Morgan Jamieson should continue to progress work around the NDP recommendation regarding looking at service provision for children with life-limiting complex conditions.

Discussion regarding CAMHS. Noted this is a decision for others to make. Concerns raised re effect of adding CAMHS to NDP for CYPSS bids on significantly reducing much needed funding for other areas.

Caroline Selkirk and John Froggatt to consider

- general support for the work of IG
- clinical support for the work of the IG