

NATIONAL DELIVERY GROUP

Wednesday 29 September 2010

14:00 – 16:30

Wales Room, Brunel House, Cardiff

Present:

Paul Williams – Chair
Dr Gwyn Thomas
Richard Bowen
Dr Owen Crawley
Dr Jean White
Chris Hurst (part)
Jo Jordan
Dr Chris Jones
Dr Tony Jewell
Sharon Linnard (part)
Jo Davies

Dr Sarah Watkins (part)
Claire Fife (part)
Peter Max
John Collins
Zoe Harcombe
Emrys Elias (part)
David Williams (part)
Sian-Marie James
Christopher Cule – Secretariat
Rick Thomas – Secretariat

1. APOLOGIES FOR ABSENCE

- 1.1** Apologies were received from Sheelagh Lloyd-Jones.

2. MINUTES OF PREVIOUS MEETING – 29 July 2010

- 2.1** The minutes were agreed to be an accurate record, except for:
- **INFORMATION REDACTED**
 - PM raised the point he had made regarding the difficulties in capturing analysis on both short term transactional work and longer term transformational progress in the NDG papers. It was accepted that this would be reflected in the minutes. In terms of actioning the point, officials would consider this when drafting future papers.
- 2.2 The Annual Work Programme**
The following matters were discussed:
- JC suggested the Work Programme be reviewed in 3 months' time and that Clinical Leadership be brought forward. It was agreed Clinical Leadership would be discussed at the December meeting and the December agenda switched to March
 - PM requested regular feedback from the National Programmes. PMW confirmed that such a report could be generated from CEs meeting papers.
 - PM asked for information on the Intelligent Targets/Annual Operating Framework (AOF) and it was agreed that this would be provided for discussion at the November meeting.

Actions:

- ***Clinical Leadership to be brought forward to the December meeting and December agenda switched to March – Secretariat***
- ***Provide IMs with reports on the National Programmes – CH/Secretariat***
- ***Intelligent Targets/AOF to be discussed at the November meeting – RB/Secretariat***

3. SHARED SERVICES

CH introduced SL, the SRO for Shared Services, and provided a brief background and context for the work. Of particular significance to NDG Members was the establishment of the Shared Services Committee as a sub-committee of NDG, with one of the IMs as Chair.

The following matters were raised:

- ZH asked what the programme was hoping to achieve. SL advised that the main driver was to reduce bureaucracy for the Service to allow them to focus on frontline services. There would also be some financial savings and the opportunity to share good practice. CH added that there were reduced transactional costs (e.g. Payroll), there would be extended scope for some expert services (e.g. Legal Services), allowing LHBs and Trusts to deliver significant rationalisation and reductions in operational costs.
- PM asked whether there were any clinically led services to be looked at going forward. SL advised that the Shared Services Committee would be considering any other services that should form part of its future remit. CH added that we should consider this Committee as analogous to Lever Brothers, where the individual brands were recognised rather than the umbrella company.
- JC asked about the view of LHBs, especially where they are no longer hosting. PMW confirmed that the Chief Executives had been briefed, and that the appointment of the Committee being part of the NDG, and hosted by a NDG IM emphasised its independence.

4. MENTAL HEALTH

4.1 Presentation on Mental Health Services

Emrys Elias gave a presentation on the Care Programme Approach to Mental Health Services. The following matters were raised:

- RB asked whether we were measuring the right things. EE stated that this approach was outcome-focused.
- ZH asked if all policies connected. SW acknowledged the need to ensure that we measured the right things for the right people.
- JC referred to the resource implications of engaging MH Services to deal with children and young people's risky behaviour following short term episodes of alcohol or substance misuse. EE acknowledged the issue and described the operational difficulties. DW spoke about Children and Young People being assessed and progressed through the MH pathway where less costly services

were more appropriate, an issue the Children's Commissioner has raised. LHBs had been asked to analyse this new demand.

- JC asked about the cost to NHS Wales of out-of-area treatment across the border. SW briefed on the work of the programme board looking at repatriation, and confirmed estimated savings of £160m from Continuing Healthcare budget. Repatriation from inpatient care to community services was expected to deliver significant savings.
- PM stated that LHBs and LAs needed to determine action to reduce the financial implications for Health Services. SW stated that the easier cases had been repatriated, with LHBs working regionally. A number of Invest to Save bids had been submitted. The National Programme T&F group was considering this issue..
- GT asked about information sharing issues. EE considered this a complex issue with no standardised approach or IT. GT pointed to the need to get buy-in from a critical mass of people to deliver on this long-standing aim. SW confirmed that the Programme Board was looking disparity of services and would update NDG.

4.2 Mental Health (Wales) Measure

CF presented her paper:

- The Measure, to be debated in Plenary 30 September, had generated 116 Government amendments and 5 non-Government amendments.
- The Measure was expected to be on the statute books by mid December and would lead to some entirely new services, and some migration of existing services.
- Implementation was expected to take 3 years to deliver. Additional funding had been agreed, which would include statutory guidance, CPA learning resources and a national service model for primary care.

PM asked about the possibility of including further amendments to improve the statutory basis to deliver financial best practice. CF stated that only minor amendments could now be actioned, and that the Regulatory Impact Assessment (laid with the Regulations) set out the cost savings from LHB/LA joint working.

4.3 Dementia Update

SW introduced her paper and provided a brief summary of the background, context and next steps.

4.4 Child & Adolescent Mental Health Services (CAMHS) Action Plan

DW introduced his paper, linking it into EEs earlier presentation.

INFORMATION REDACTED. SW noted that the Children's Commissioner was positive about the approach being taken, and that this had been echoed by stakeholders.

The following matters were discussed:

- OC acknowledged the contribution made by therapy and dietetic services and of the importance of their continued engagement with the CAMHS Expert Reference Group. DW confirmed that all key stakeholders are included and involved in the work.
- ZH asked how young people accessed services. DW advised that this was through a number of routes – GPs, schools, through their risky/violent behaviour, and through their parents.
- PM referred to the National Programme, and PMW advised that Mary Burrows (Chief Executive, Betsi Cadwaldr ULHB) was leading the MH programme, with each LHB having a dedicated CAMHS lead.
- JC raised the issue of including too many aims, priorities and objectives, suggesting a greater focus on key deliverables. DW stated that its focus was on the level of engagement and the range of services based on critical mass. JJ stated that Delivery Group would manage and prioritise delivery against the plan.
- JC asked when NDG would revisit this area. PMW stated that NDG to monitor through biannual reports on progress.

Action:

- ***Progress of National Programme Board and CAHMS action plan to be report back to NDG in 6 months' time – JJ/SW***

5. INFORMATION PAPERS

5.1 Finance

INFORMATION REDACTED

INFORMATION REDACTED

- **INFORMATION REDACTED**
- **INFORMATION REDACTED**
- **INFORMATION REDACTED**
- **INFORMATION REDACTED**

INFORMATION REDACTED

- **INFORMATION REDACTED**
- **INFORMATION REDACTED**

5.2 Performance

RB referred to the Performance paper circulated and invited questions. IMs were content with the new format.

5.1 Workforce

SMJ said a Workforce Report would follow later in the week.

6. ANY OTHER BUSINESS

The following matters were raised:

- RB updated that the work being progressed on Cancer Targets was positive and had delivered improvements.
- JC reported that he had attended the HSS DG Corporate Governance Committee that morning and was content that Risk Management was being effectively overseen by that those arrangements. PMW added that the risk management process was improving, and this had also been acknowledged by the Minister earlier in the week.

7. DATE OF NEXT MEETING

Wednesday 20th October 2010

ACTION POINTS

NDG Meeting 29 September 2010

Para	Action	Lead	Status
2.2	Clinical Leadership to be brought forward to the December meeting	<i>Secretariat</i>	To be managed through NDG AWP (Annual Work Programme)
2.2	Provide IMs with reports on the National Programmes	<i>CH/Secretariat</i>	Outstanding
2.2	Intelligent Targets/AOF to be discussed at the November meeting	<i>RB/Secretariat</i>	To be managed through NDG AWP
4.1	Mental Health National Programme Board to provide update on its progress to NDG	<i>SW</i>	To be managed through NDG AWP
4.5	Progress of Mental Health to be report back to NDG in 6 months' time	<i>JJ</i>	To be managed through NDG AWP
5.3	INFORMATION REDACTED		
5.3	LHB/Trust variances to be reflected in November Finance paper	<i>CH</i>	Outstanding

NDG Meeting 29 July 2010

Para	Action	Lead	Status
2.1	Mental Health LCO/Measure will be discussed at the meeting in September	<i>CF</i>	Completed 29 September
2.1	Clinicians to attend the meeting in September to discuss CPAs	<i>RB</i>	Completed 29 September
2.1	CAMHS Action Plan to be discussed at the meeting in September	<i>JJ</i>	Completed 29 September
2.1	PM asked for the further update on Tier 3&4 posts	<i>SLJ</i>	To be managed through NDG AWP
4.1	An update on the top 3 issues for all 12 National Programmes to be discussed at the September meeting	<i>SLJ</i>	To be managed through NDG AWP
5.1	Financial Comparables to be addressed later in the year	<i>CH</i>	To be managed through NDG AWP
7.1	Further work to be undertaken on efficiencies by Health Board staff and how/where they are deployed	<i>SLJ</i>	To be managed through NDG AWP

9.1	Capacity and compatibility review work to be brought to the next meeting	GT	To be managed through NDG AWP
9.1	Time line of ICT programme to be brought back in six months	GT / Secretariat	To be managed through NDG AWP
11	Midwifery 2020 to be placed on the agenda for September's NDG meeting	RK / Secretariat	Launched and completed
12.1	Success of 1000 Lives to be referenced in more briefings by statistical directorate	SL	Memo issued - Completed
12.1	1000 Lives to be kept on future NDG agendas	CJ / Secretariat	1000 Lives plus updates To be managed through NDG AWP
15.2	HSS DG Risk Register to be circulated on a monthly basis to NDG, as a paper to note	JJ / SMJ	To be managed through NDG AWP

Actions carried forward from previous meetings:

Action	Lead	Status
Medicines Management Paper to be presented at next meeting	GT/Sec	To be managed through NDG AWP
Mental Health LCO/Measure to be discussed at a future meeting	SD / RB	Completed 29 September
Clinician to attend a future meeting to address CPAs	RB / Secretariat	Completed 29 September
Work to be undertaken on DTOC work at Aneurin Bevan LHB	CH	To be managed through NDG AWP
QOF data to be brought back to next NDG meeting	RB	To be managed through NDG AWP
Final CSSIW CAMHS report Action Plan to be brought to future NDG meeting	SD	Outstanding