



Minutes of the Welsh Health Specialised Services Committee Meeting of the Joint Committee

held on 22 November 2016, 9.30am

Bowel Screening Wales, Unit 6, Greenmeadow,
Llantrisant, Pontyclun CF72 8XT

Members Present

Ann Lloyd	(AL)	Chair
Lyn Meadows	(LM)	Vice Chair (via videoconference)
Marcus Longley	(ML)	Independent Member
Chris Turner	(CT)	Independent Member/ Audit Lead
Gary Doherty	(GD)	Chief Executive for Betsi Cadwaladr UHB (via videoconference)
Sharon Hopkins	(SH)	Interim Chief Executive, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Paul Roberts	(PR)	Chief Executive, Abertawe Bro Morgannwg UHB
Allison Williams	(AW)	Lead Chief Executive for WHSSC and Chief Executive, Cwm Taf LHB
Stuart Davies	(SD)	Acting Managing Director of Specialised and Tertiary Services Commissioning, WHSSC
Carole Bell	(CB)	Director of Nursing and Quality, WHSSC
Sian Lewis	(SL)	Acting Medical Director, WHSSC

Associate Members

Chris Koehli	(CK)	Interim Chair of Quality and Patient Safety Committee
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Apologies:

Tracey Cooper	(TC)	Tracey Cooper, Chief Executive, Public Health Wales
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Steve Moore	(SM)	Chief Executive, Hywel Dda LHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
John Williams	(JW)	Chair of Welsh Renal Clinical Network

In Attendance

Glyn Jones	(GJ)	Interim Director of Finance, Aneurin Bevan UHB
Ian Langfield	(IL)	Acting Director of Planning, WHSSC
Jill Paterson	(JPa)	Interim Director of Commissioning, Primary Care and Therapies and Health Sciences, Hywel Dda LHB
Kevin Smith	(KS)	Committee Secretary and Head of Corporate Services, WHSSC

Minutes:

Juliana Field	(JF)	Corporate Governance Officer, WHSSC
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The Meeting opened at **9.30am**

JC041 **Patient Story**

AL welcomed Ms Sarah Cooper to the Joint Committee and invited her to tell her story.

Members of the Joint Committee listened to Sarah's story of her experiences of Gender Identity Services for Welsh service users.

Sarah shared her personal experiences and struggles faced in daily life and in accessing healthcare services. Sarah voiced frustration and disappointment at the lack of understanding or knowledge amongst many healthcare professionals and support staff. It was noted that the current pathway was fractured and not easy for either healthcare professionals or service users to navigate; with even the most straightforward tasks made complicated.

Members were interested to understand in what way services could be improved for service users. It was noted that the main areas related to communication across services and education of healthcare professionals and support staff.

It was recognised that, although the level of care received by service users was poor, there were a number of supportive and dedicated healthcare professionals who engaged with service users.

Members thanked Sarah for sharing her personal story.

Members **resolved** to:

- Note the patient story

JC042 **Welcome, Introductions and Apologies**

AL opened the meeting and welcomed members and the public to the meeting.

The Chair informed members of LM's appointment as Vice Chair of the WHSSC.

Apologies were received as noted above.

Members noted that Jill Paterson was in attendance on behalf of Steve Moore and Glyn Jones was in attendance on behalf of Judith Paget.

JC043 **Declarations of Interest**

There were no declarations to note.

JC044 **Accuracy of Minutes of the meetings held 27 September 2016**
Members approved the minutes of the meeting held on 27 September 2016 as a true and accurate record.

JC045 **Action Log and Matters Arising**

Action Log

Members reviewed the action log and noted the updates provided

Matters Arising

There were no matters arising.

JC046 **Report from the Chair of WHSSC**

Members received the report which provided an update of the issues considered by the Chair since the last report to Joint Committee.

Members **resolved** to:

- **Note** the content of the report.

JC047 **Report from the Acting Managing Director of WHSSC**

Members received the report which provided an update on key issues that have arisen since the last meeting. The following areas were highlighted to note.

Neurosciences

A number of workshop sessions had taken place with members of the WHSSC Management Group to support the development of a case for three high risk neuroscience schemes. It was noted that the WHSSC Management Group were to consider these at their November 2016 meeting.

A brief discussion was held regarding the requirement to be clear on the investment priorities and requirement for robust business cases for investments. It was acknowledged that this work felt disjointed as there had been a number of queries relating to priorities within neurosciences. Members recognised the work that had already commenced in relation to a neurosciences strategy for Wales.

Left ventricular Assist Device (LVAD)

It was noted that Wales was an outlier against other UK nations as there was still a requirement for prior approval for the use of LVADs. Members were asked to consider the adoption of the English policy for LVADs as an interim measure whilst a review of the policy for Welsh patients was undertaken and formal consideration was to be given during the prioritisation process for the next year. It was noted that this would not 'override' the current policy but would ensure congruence with the position across the rest of the UK.

Members held a brief discussion about the nature of any interim

arrangements. It was agreed that a paper would be tabled at the Management Group meeting to be held on 24 November 2016 detailing the impact of adopting the English policy as an interim measure. Following consideration by Management Group, WHSSC Chair's action would be considered for adoption of the English policy until a Welsh policy was developed.

Blood and Marrow Transplants

Expansion of service provision for South Wales had been approved by Management Group. Members discussed the increase in case mix for complex transplants. Assurances were sought regarding the delivery of activity and it was noted that payment would be made on a case by case basis. Members noted the longer-term plans for the development of the service.

Genetics

Members noted that an increased investment had been approved by the Management Group in October 2016. The investments enabled the service to offer the full range of genetic testing available under the UK Genetic Testing Network (UKGTN).

Members **resolved** to:

- **Note** the content of the report

JC048 **Non- Financial Outcome for Gender Identity Services Care Pathway in Wales**

Members received a paper which provided the outcomes of the non-financial option appraisal exercise and scoring of the short listed options for the future configuration of the All Wales Specialist Gender Identity Services (SGIS).

Members received an overview of the work undertaken by the task and finish group in developing an initial 11 potential service models and the process to determine the final four models put forward for consultation.

A stakeholder event had taken place with over 120 delegates attending, 60% of which were from the trans community and the remaining 40% from health services. Members noted that there were lively debates and positive discussions during the course of the event. The key themes arising from the day were highlighted in section 3.3 of the report.

Members noted the scoring process and that options C and D had been identified as the preferred models. The comments made in relation to each had been noted in section 3.9 of the report. It was further noted that during the stakeholder event the possibility of combining options C and D had also been raised by numerous attendees and this may need to be considered further as a sub option in the next phase.

AL informed members that feedback received from the event highlighted

the use of inappropriate language from some healthcare professionals and that enquiries had been received from the Cabinet Secretary in relation to this. AL stated that this was neither acceptable nor tolerated behaviour, echoing the comments presented during the patient story around the need for education and understanding amongst healthcare professionals. It was noted that AL would write to cluster chairs to present the feedback received from the stakeholder event.

Action:

- **WHSSC Chair to write to Cluster Chairs to present feedback received from the gender stakeholder event in relation to the use of inappropriate language.**

Members held a detailed discussion and reflected on the experiences and issues raised by Sarah as part of her presentation. The discussion continued regarding the next phase of this work. It was noted that the following should be given further consideration in the next phase; 1)LHB level primary care model, 2)development of a support network, 3)establishment of a network of specialist clinical pharmacists, and 4)organisational development requirements for the workforce.

Members noted the recently published Welsh Health Circular on hormone replacement therapy and recognised the requirement to ensure that this was fully enacted and embedded.

Discussions continued around the potential of a primary care and multidisciplinary team approaches. It was recognised that there was a need to consider the whole pathway, not just within specialised services but including the experiences of service users.

Members acknowledged that there was a requirement to ensure that the support of individual health boards was crucial to ensure an effective and consistent message was presented and that the work maintained momentum.

The need to identify resource and a project lead for this work relating to the development and training of staff was acknowledged to bring all of the threads together in parallel.

Members welcomed the work undertaken, noted the previous difficulties in achieving progress and the commitment of all LHBs to taking this work forward.

Members **resolved** to:

- **Note** the content of the report and progress made to date including the outcome of the non-financial option appraisal exercise;
- **Agree** that the two preferred options identified are taken forward for a detailed costing and financial option appraisal;
- **Consider** and make recommendations on the most appropriate mechanism and timescale for the detailed costing and financial option

- appraisal; and
- **Support** the following:
 - The preferred primary care model is considered as a primary care locality or cluster level clinic model. All GPs must offer basic care/referral. The more specialised gender identity care will be provided by GPs at higher tier levels within the locality or cluster level clinic model, backed by local Multiple Disciplinary teams;
 - The future model(s) is a lifespan inclusive service for all adults, young people and children who identify as transgender, gender non-conforming, non-binary etc living in Wales;
 - A further paper be developed detailing the interim arrangements and continuity of care for existing Welsh patients, in light of the new national procurement of adult gender identity services and the specialist surgical elements of the gender identity pathway by NHS England. [commissioning intentions for specialised services](#) for 2017-19;
 - A task and finish group is set up to develop shared care protocols and guidelines to support practitioners including in the use of hormone prescribing;
 - A Task and Finish group to look at and report on the education and training needs for GPs, clinicians and other health service staff;
 - A set of guiding principles be developed for future work which should be informed by comments made by stakeholders at the non-financial options appraisal exercise; and
 - An engagement and communications plan is developed to support the work of the Partnership Board and the equality impact assessment of proposed models of care with all stakeholders. This engagement plan must include engagement with Welsh Government, and other interested parties' for example Stonewall, Assembly Members and Members of Parliament and BMA-GPC.

JC049 **Neonatal Workforce**

Members received a progress update regarding the recommendations agreed at the meeting of 27 September 2016, and seeking support on the proposed next steps.

Members noted that work was being undertaken with the Deanery around quality of training and development of reputation. It was noted that a concern had been raised during an All Wales NHS CEO meeting that Medical Training Initiative (MTI) posts would not be in place in time for April 2017 and assurances were sought regarding timescales. It was noted that recruitment for MTI post had been undertaken in November 2016 for an additional 10 MTI posts; however, it was unlikely those who do will be in post before May 2017.

A discussion followed around the complexities of the recruitment process, the proposed contingency plans and the need to ensure that these plans

were in place before January 2017. It was agreed that the details on workforce analysis should be circulated outside of the meeting.

Action:

- **Details of the Neonatal Workforce analysis to be circulated to members.**

Members were provided with an overview of the evaluation process for the two models and noted that the alliance model was presented as the preferred option.

A query was raised regarding the alliance model and how this differed from a collaborative system of working. It was noted that the objective of the alliance model was to ensure joint ownership but it was felt that this was unclear within the paper. Members recommended that further work should be undertaken on the single employer model versus the alliance model to ensure that a robust system was in place going forward in order to hold providers to account. They supported that consideration be given to amend the terms of reference of the Network to take this work forward.

Members supported continuing the work considering standardised pay rates and a single nurse bank. Members recommended in addition to linking with Director of Human Resources that a link be made with the All Wales Nurse Bank group led by Rory Farrelly on behalf of the all Wales Directors of Nursing.

It was agreed that a further update paper will be brought to the Joint Committee in January 2017.

Members resolved to:

- **Support** the recommendations from the Workforce Task and Finish Group;
- **Approve** either the establishment of a Collaborative or a change in the terms of reference and membership of the Neonatal Network. The detailed proposal would be brought back to a subsequent meeting of the Joint Committee; and
- **Support** the Workforce Task and Finish Group to develop a proposal for standardised pay rates and a unified neonatal nurse bank, and advise on the process for final approval.

JC050 **Collective Commissioning**

Members received a report providing an update on the collective commissioning work programme for 2016/17 and making recommendations relating to the schemes where work is yet to commence.

Members noted the schemes which were to be taken forward from previous

years and further schemes as identified in section 3.2 of the report.

A discussion was held regarding current resource utilisation within the Planning Team and the impact on WHSSC's ability to deliver on collective commissioning. Members supported empowering the WHSSC Officers to take action within the approved budget, including recruitment of additional staff to achieve delivery of the collective commissioning work programme.

The Chair informed members that a full review of the staffing needs of the organisation would be undertaken and that clarity and balance was required around what work the WHSSC team were able to commit resources to. It was further noted that the function of the Management Group be reviewed and this was supported by all Members.

Members **resolved** to:

- **Note** the level of resource required to support the requirements of the WHSSC management group.
- **Support** WHSSC to continue with existing collective commissioning arrangements where work has already commenced.
- **Approve** utilisation of a project based methodology to undertake collective commissioning, including the recruitment of a Project Manager to support the programme teams with scoping and delivery of the 16/17 collective commissioning work programme.
- **Support** a review of capacity within the WHSSC Planning Team during 2017/18 to ascertain whether it is possible to recommence collective commissioning.

JC051 **Protocol for Dealing with Concerns, under the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, which relate to specialised services for Wales**

Members received the revised Concerns Protocol and were given an overview of the proposed revisions

Members **resolved** to:

- **Approve** the revised Concerns Protocol

JC052 **Risk Sharing Review - Update**

Members received a report providing an update on the Risk Sharing Review and the actions required to conclude the exercise.

Members were provided with an overview of the work completed to date. It was noted that both the health board directors of finance and the Welsh Government had been consulted as part of the process.

A brief discussion was held in relation to the work of the finance working group and the issues around neutralisation, historical positions and potential impacts for health boards. Members acknowledged that a sound

methodology had been followed and sought assurance that the actual numbers had been tested by the workforce group. It was reported that the final numbers would be tested, and the final position would be referred back to the WHSSC Joint Committee in early 2017.

Members **resolved** to:

- **Note** the progress made by the finance working group and in the provisional impact assessment;
- **Support** the recommendations of the finance working group regarding the allocation of services to utilisation or pooled risks;
- **Support** the recommendation regarding neutralising the impact of change from the end of 2011/12 financial year;
- **Support** the recommendation that implementation is phased in over a two to three year time period; and
- **Support** the plan and timeline for completion and implementation.

JC053 **Delivery of the Integrated Commissioning Plan 2016/17**

Members received an overview of the report which provided an update on the delivery of the WHSSC Integrated Commissioning Plan for 2016/17 at the end of September 2016.

Members resolved to:

- **Note** the progress made in the delivery of the 2016/17 ICP;
- **Note** the funding release proforma schedule; and
- **Note** the risk management summary.

JC054 **Performance Dashboard**

Members receive an overview noting the following key points.

Paediatric Surgery

A positive picture with improvements being made. The WHSSC team was in the process of exploring opportunities to accelerate waiting list performance.

Bariatric Services

Performance was still poor for high risk patients. Members noted that this had been escalated with the provider.

Members held a brief discussion around referral to treatment (RTT) targets and whether these would be achieved by March 2017. Members requested that, if there was a likelihood that they would not, the WHSSC team ensure that this information is reported to individual health boards to ensure that there was clarification around any required action to address.

Members **resolved** to:

- **Note** current performance and the action being undertaken to address areas of non-compliance.

JC055 **Financial Performance Report**

Members received an overview of the Financial Performance Report.

Clarification was sought regarding the content of the 'other sundry income' column on page 14 of the report and it was agreed that this section would be expanded to provide greater detail.

A discussion was held regarding individual patient funding requests and the recurrent and non-recurrent position. It was noted that the detailed position was shared regularly with the Directors of Finance. Members requested sight of the detail in the next finance report to Joint Committee.

Action:

- **Next iteration of the finance performance report to provide additional detail regarding 'other sundry income' and the recurrent and non-recurrent position.**

Members **resolved** to:

- **Note** the current financial position and forecast year-end position.

JC056 **Reports from the Joint Sub-committees and Advisory Group Chairs'**
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Sub Committees

Integrated Governance Committee

Members noted the update from the meeting held 31 October 2016

Quality and Patient Safety Committee

Members noted the update from the meeting held 3 November 2016

All Wales Individual Patient Funding Request Panel

Members noted the update from the meeting held 26 October 2016

Welsh Renal Clinical Network

Members noted the update from the meeting held 4 October 2016. The Acting Managing Director of WHSSC drew members' attention to the Welsh Health Circular Renal Services in Wales Delivery Plan 2016 to 2020 and members noted that the Network were progressing this work.

Management Group

Members noted the update from the meetings held 22 September and 27 October 2016.

It was noted that consideration of the Management Group terms of reference was an outstanding action. It was agreed that this would be form part of the further work to be undertaken in reviewing the Group.

Advisory Groups

All Wales Posture Mobility Service Partnership Board

Members noted the update from the meeting held 19 October 2016

JC057 **Any other Business**

The Chair noted the difficulties with the timescale for approval of the Integrated Commissioning Plan 2017/20 and that a number of Chief Executives had indicated that they may be unable to attend the Joint Committee meeting scheduled for 17 January 2017. The approval of the plan required agreement by all seven Health Board Chief Executives and the vote of the Chief Executives could not be delegated. The possibility of a short meeting by teleconference on 24 January 2017, or participation for part of the 17 January 2017 meeting by teleconference was suggested. It was agreed that these and other possible solutions would be investigated and members would be advised of the most practical solution.

It was noted that the Joint Committee's Plan should be approved one month ahead of the Health Boards' Plans and that this was unworkable given the deadline for submission of 27 January 2017. The Chair undertook to advise the Director General of this.

JC058 **Date and Time of Next Meeting**

It was confirmed that the next meeting of the WHSSC Joint Committee would be held on 17 January 2016.

This **concluded** the Joint Committee Meeting held in Public at approximately
11.50pm

Chair's Signature:

Date: