

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

held on 25 July 2017

at Health and Care Research, Castlebridge 4,  
Cowbridge Road East, Cardiff

### 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
Alexandra Howells	(AH)	Acting Chief Executive, Abertawe Bro Morgannwg UHB
Gary Doherty	(GD)	Chief Executive, Betsi Cadwaladr UHB
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB (via Videoconference)
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB
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
Chris Koehli	(CK)	Interim Chair of Quality and Patient Safety Committee

### Apologies:

Carol Shillabeer	(CS)	Chief Executive, Powys THB
John Williams	(JW)	Chair of Welsh Renal Clinical Network
Tracey Cooper	(TC)	Chief Executive, Public Health Wales
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust

### In Attendance

Claire Nelson	(IL)	Acting Assistant Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

### Minutes:

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

JC17/027 **Welcome, Introductions and Apologies**  
The Chair formally opened the meeting and welcomed members and the public.

JC17/028 **Declarations of Interest**  
There were no declarations to note.

The Chair informed members that this would be her last meeting at WHSSC as she had commenced her role as Chair of Aneurin Bevan University Health Board and noted that she would withdraw should any conflict be identified during the meeting.

JC17/029 **Accuracy of Minutes of the meeting held 27 June 2017**  
Members reviewed and approved the minutes of the meeting held on 27 June 2017 as a true and accurate record.

JC17/030 **Action Log and Matters Arising**

#### **Action Log**

#### **JC002 – WHSSC Integrated Commissioning Plan 2017-20**

Members noted that the All Wales NHS Chairs' meeting had been cancelled. It was confirmed that the Chair had written to the Individual Health Board Chairs to provide clarity regarding services included within the ICP.

**JC006** – CB had provided input on engagement to the 2017-20 ICP.

#### **JC009 – Provision of Specialised Neurosciences in NHS Wales**

Work was ongoing. It was anticipated that a final paper would be presented to Members in March 2018.

JC17/031 **Report from the Chair**

Members received a report from the Chair; the following areas were highlighted:

#### **Meeting with Cabinet Secretary**

Members noted that the Cabinet Secretary was keen for the timely delivery of a sustainable and efficient thoracic surgery model. A meeting had been scheduled for early August 2017 in relation to the Gender Pathway work to finalise arrangements and a written statement on this was to be produced; the Chair extended her thanks to CB and representatives from the Health Boards for their work on this project. The Chair had been asked to get WHSSC to look further at the revenue funding for the proposed new Cystic Fibrosis unit.

The Chair had raised concerns with the Cabinet Secretary relating to the latest All Wales Medicines Strategy Group (AWMSG) decision on Ivacaftor. WHSSC officers had been liaising with AWMSG in relation to this matter.

### **Appointment of New Chair**

Professor Vivienne Harpwood had been appointed as the Chair of WHSSC for a period of 12 months succeeding AL. It was noted that Professor Harpwood would retain her position as Chair of Powys Teaching Health Board and that conflicts of interest would be fully considered. It was confirmed that Professor Harpwood officially commenced her role on 26 June 2017 and that this would be AL's last meeting as Chair of WHSSC.

Members **resolved** to

- **Note** the content of the report

### JC17/032 **Report from the Acting Managing Director**

Members received a report from the Acting Managing Director; the following areas were highlighted:

#### **Genomics for Precision Medicine**

Welsh Government launched its strategy in June 2017. Members noted that WHSSC retained a commissioning role via the hosting and commissioning group which was responsible for the development of a Commissioning Strategy. Whilst a £6.8m five year budget had been outlined within the strategy, it was unclear what the implications were for recurrent and non-recurrent funding. Members noted that WHSSC would be working closely with the All Wales Medical Genetics Service and Welsh Government.

Members discussed the funding situation further and whether this would be from Health Boards via the ICP or direct from Welsh Government and noted their concerns regarding the current financial position within NHS Wales. It was agreed that WHSSC would seek clarification on the funding arrangements from Welsh Government.

#### **Action:**

- **SD to write to Welsh Government to seek clarification of the funding arrangements for the Genomics Strategy**

#### **Interventional Neuroradiology**

Since the report had been written, the first locum had resigned and left. A second locum would be joining the service shortly and a substantive consultant was expected to return to active duty shortly.

It was noted that the Walton Centre might be able to take emergency cases in addition to its commitment to take ten elective cases.

Members enquired as to the level of confidence in the service being able to continue in the current position and the financial implications relating to the arrangements with the Walton Centre. It was noted that any charges would initially be paid by WHSSC but recharged to CVUHB. as ultimate responsibility for continuity of the service remained with CVUHB.

Gary Doherty joined the meeting at approximately 9.50am

A question was raised as to the likelihood of any outsourcing costs going beyond those planned in the WHSSC ICP. It was explained that this was unlikely and there was ample opportunity for CVUHB to absorb additional costs. Members received assurances that should there be any changes to this, a paper would be presented to Management Group for scrutiny and to the Joint Committee for a decision.

### **Transcatheter Aortic Valve Implantation (TAVI)**

Members noted that the number of patients on a previously undeclared waiting list at ABMUHB was still being validated. Concern was noted around the mortality risks for these patients whilst on the waiting list. It was noted that TAVIs were subject to prior approval in line with Policy and that this process had recently been reinforced. A query was raised around application of thresholds within the policy and overall impact across cardiac waiting lists. A discussion followed around waiting list management, concerns around surgical operability and lessons that could be learned relating to management of waiting lists.

### **Posture and Mobility**

Members noted that more information was awaited from CVUHB regarding its proposal for increased investment to replace obsolete wheelchairs. A question was raised regarding the wider impact of replacement of obsolete wheelchairs and it was agreed that a note would be provided on the current position for north Wales but it was explained that this was less of an issue that for south Wales.

### **Paediatric Rheumatology**

Members noted that Welsh Government had asked WHSSC to review the provision of paediatric rheumatology services for Wales. An initial scoping report was available for the meeting.

### **Cardiac Ablation**

Work had begun on developing the case for investment on economic grounds as a curative treatment for certain indications. It was noted that waiting lists had started to build up and that referral to treatment issues were anticipated within the next six months.

Members **resolved** to

- **Note** the content of the report

JC17/033 **Patient Story (video)**

Members watched a video in which members of PMH Cymru shared their experience of Perinatal Mental Health and services in Wales.

JC17/034 **Perinatal Mental Health**

CB presented an overview of the report which considered the national context of perinatal services including investments in both England and Wales. The appended options paper, which had been considered by the All Wales Perinatal Mental Health Steering Group, outlined a shortlist of three preferred options for the future configuration of tier 4 specialised perinatal mental health services in Wales. The three options were broadly (1) build upon IPFR process through a secured contract; (2) establish a single regional Mother and Baby Unit (MBU) for the whole of Wales; and (3) establish a regional MBU for south Wales and contract for an English provider for a north Wales service.

A query was raised regarding the governance and scrutiny of the report presented. It was noted that the All Wales Perinatal Mental Health Steering Group reported directly to the Child and Adolescent Mental Health Services and Eating Disorders Network Steering Group, who report directly to the Joint Committee and therefore the report had not been considered by the WHSSC Management Group. It was further noted that the Welsh Government had commissioned the All Wales Perinatal Mental Health Steering Group to undertake this work.

Members suggested that consideration was required as to the rationale for decommissioning the Cardiff service in 2013, the wider work being around early intervention in Mental Health Services, what the evidence suggested regarding centralised treatment versus local services and patient outcome and service sustainability given current workforce pressures in mental Health Services. It was noted that further detail was required in order for a decision regarding investment to be made.

It was noted that evidence had been presented to the National Assembly for Wales' Children, Young People and Education Committee relating to the current Perinatal Mental Health inquiry.

A discussion was held around the work undertaken by the All Wales Perinatal Mental Health Steering Group, the potential required investment, and opportunity to improve commissioning arrangements and the requirement to understand the competency and demand of the existing pathway and underpinning detail before moving forward to a decision.

It was suggested that consideration could be given to a review of

available evidence on the impact of service proximity to patient outcomes and levels of activity. Further to this, it was suggested that there was a need for leadership and coordination of IT systems across Wales to ensure consistency of coding and data capture, and provide a cohesive and joined up approach across Wales.

It was agreed that Members comments would be fed back to C Shillabeer as Chief Executive lead for Mental Health and Chair of the Child and Adolescent Mental Health Services and Eating Disorders Network Steering Group for further consideration and a clear recommendation on how to proceed. Members recognised the sensitivities in relation to the service and the need to ensure that expectations were appropriately managed.

Members **resolved** to

- **Note** the information presented within the report;
- **Provide** C Shillabeer as Chief Executive Lead for Mental Health, and Chair of the Child and Adolescent Mental Health Services and Eating Disorders Network Steering Group, with feedback from the discussions.

#### JC17/035 **Integrated Commissioning Plan 2017-20: Risk Management Framework**

Members received a paper describing the implementation of the ICP Risk Management Framework to date and the progress made to date on the population of it from both a WHSSC and Health Board perspective. The paper also sought approval of the commissioning of three service areas.

Members noted that the Management Group Workshop had undertaken considerable work to review baseline scores and had supported the recommendation for funding the schemes detailed within the paper.

A query was raised in relation to the 2017-20 ICP and provision for the three services. It was noted that these were not specifically identified in the ICP; however it was explained that if the procedure and drugs were not commissioned it was highly likely that patients would proceed through the individual patient funding request (IPFR) route. Members noted that the Management Group workshop had considered the financial implications and that provision had been sourced from the IPFR; consequently the financial impact would effectively be neutral.

Assurance was sought that there would not be a significant increase in demand for the services once commissioned. It was noted that given the rarity of the conditions it was unlikely that there would be an increase in demand. Members noted that NICE had undertaken detailed policy work in relation to volume and budget impact and held further discussions around financial implications. It was acknowledged that there needed to be a robust policy with clear access criteria.

Clairty was requested as to what the Joint Committee was being asked to approve and whether this was to: adopt a new commissioning policy aligned to English policy, recognising that there may be minimal cost implications with some services cost neutral.

Members were advised that WHSSC endeavoured to follow correct governance process and that rigorous scrutiny had been undertaken of the services during the Management Group workshop session which supported the recommendations as detailed within the report.

Members approved the commissioning of the three services and requested that a future evaluation be undertaken of the impact of changing from the IPFR approval process to a Commissioning Policy.

Members **resolved** to

- **Note** the progress made to date on implementing the ICP Risk Management Framework and the next steps for completion; and
- **Approve** the commissioning of:
  - Complex Obesity Surgery for Paediatrics
  - The use of Plerixafor for Stem Cell mobilisation
  - The use of Pasireotide for Cushings Disease

### **Commissioning Arrangement for Positron Emission Tomography (PET) Scans**

Members noted that all Health Board CEOs had received a letter from the Director General regarding commissioning arrangements for PET scans. Members were advised that the Management Group had held recent discussions and identified areas of risk to implementing a commissioning policy. It was noted that a paper had been provided to Management Group for consideration at its next meeting, scheduled for 27 July 2017. The paper set out a potential basis to mitigate the lack of agreed funding in the 2017-20 ICP for PET scans in respect of new indications. This was based on projections for lower demand than had been budgeted for PET scans on existing approved indications.

Chief Executives were reminded that the prioritisation process utilised in the ICP was evidence based, although new schemes were restricted by an overall lack of funding. A discussion was held around the decision making process and challenge presented by the Welsh Government in relation to the decision to continue to manage through IPFR. It was agreed that a single response would be drafted to the Director General regarding the matter.

#### **Action:**

- **Single response to be drafted on behalf of all Health Boards and WHSSC regarding the commissioning arrangements for PET Scans (Chair/JP)**

## JC17/036 **Value Based Commissioning: Progress Report**

Members received the report which provided an update on progress in the development of WHSSC's approach to value based commissioning as part of the 2017-20 ICP.

The paper considered value based healthcare from a commissioning perspective that than the more familiar provider perspective, using a systematic approach with three components: technical efficiency, allocative efficiency and patient value.

Members were advised that the WHSS team would be undertaking work to review commissioned services against the Framework, some of which had already commenced within the finance and planning teams. It was noted that this work would be expanded upon following the appointment of the new associate medical directors, establishment of programme teams to support the working closely with the Management Group to identify and test opportunities.

It was suggested that consideration be given as to how Public Health Wales (PHW) may be included in supporting the process and how to engage with Health Boards to avoid duplication of work. Members were advised that the service level agreement between WHSSC and PHW had been terminated and that WHSSC was recruiting a 0.2WTE Associate Medical Director for Public Health and work was being carried out with Cwm Taf University Health Board (CTUHB) in relation to informatics. It was noted that concerns had been raised with Welsh Government around strategic issues and the gap in provision of services from PHW. It was also noted that a discussions were ongoing with Welsh Government and that the Chair had raised concerns with the new Chair of PHW.

A discussion followed around the analytical capability of PHW, importance of the value based work, the necessity to consider the whole pathway rather than simply the specialised services element and the need to commence identification of specific services. Members noted that a Right Value Commissioning Group had been formed that had already met several times and started looking at high cost low volume areas.

A further discussion was held around harnessing clinical engagement and leadership within this work and how value based commissioning linked with the principles of the prudent healthcare agenda.

Members **resolved** to

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



## JC17/037 **Inherited Bleeding Disorders**

Members received a paper which described a proposal outlining the management resource requirements and potential offsetting efficiency savings to facilitate the development of an all Wales commissioning strategy for Inherited Bleeding Disorders (IBD).

Members were reminded of previous discussion on IBD and noted the current request for an additional 0.5WTE resource for a period of 12 months to support the development of an all Wales commissioning strategy. It was noted that the estimated savings from repatriation of IBD services from Liverpool to BCUHB, through reduced administration charges alone, would more than cover the additional resource requirement in WHSSC but that the saving would not be achieved without pursuing this initiative.

Members held a discussion around the work being carried forward in north Wales in relation to repatriation of services, the ability to achieve savings without the need for investment, and the additional resource being used to accelerate the achievement of saving and allow reinvestment in other local services.

The discussion continued around the proposal for an all Wales Commissioning strategy for IBD which would be brought under WHSSC as a single commissioner. Members requested that more detail was required in relation to the benefits/dis-benefits and gains made through a single commissioning lead. Greater clarity was required around the problem to be addressed. It was noted that the current arrangements were fragmented and the aim was to commission a more coherent model. Members suggested that further scrutiny was required through Management Group.

### **Members resolved to**

- **Note** the potential savings which would offset the resource required to increase WHSSC's commissioning capacity; and
- **Support** the outline proposal for repatriation of IBD services from Liverpool to BCUHB and referred the outline proposal to bring commissioner responsibility and funding under WHSSC as a single commissioner of IBD services across Wales to Management Group for further review.

## JC17/038 **Paediatric Rheumatology Services in South Wales**

Members received a paper which described the current service provision and referral process for paediatric rheumatology services in Wales. It also described the services around the United Kingdom, the standards of care and provided benchmarking with particular regard to composition of tertiary multi disciplinary teams (MDT). It also made recommendations regarding future actions required to progress commissioning of the

service.

Members noted that WHSSC had been approached by Welsh Government to review the current service provision and make recommendations. It was identified that Wales was the only country within the UK that did not have a specific paediatric rheumatology service. Services for Welsh patients were commissioned currently commissioned from Alderhey, Bristol and Bath and managed through a gatekeeper, funded by the individual Health Boards.

Members were presented with an overview of the detail provided within the paper including benchmarking against larger English centres, outline scope of the review and recommendations of the British Society for Rheumatology and the National Rheumatoid Arthritis Society.

Following a discussion regarding the information provided and funding arrangements, it was agreed that the paper should be shared with Welsh Government and the matter referred back to Welsh Government requesting its guidance on what was required next and noting that an improved service would require additional funding.

Members **resolved** to

- **Note** the paediatric rheumatology service provision for the population of south Wales, the position around the UK and the recommendation of The British Society for Rheumatology (BSPAR) and the National Rheumatoid Arthritis Society (NRAS); and
- **Agree** for the paper to be referred to Welsh Government requesting guidance on what was required next and noting that an improved service would require additional funding.

#### JC17/039 **Integrated Commissioning Plan (ICP) 2016-17 Closure Report**

Members received a report that set out the progress and outcomes against the delivery of the 2016-17 ICP schemes approved during 2016-17, highlighted where further action was required for schemes that had not been completed, and summarised the key lessons learned.

It was noted that 62 schemes had been delivered and 75 schemes were recorded as 'In progress' or 'Not commenced', a summary of which was provided within the report. Members were informed that a number of services had not been completed, including Proton Beam Therapy and other policies that were being evaluated by NICE, due to limited resources. These schemes were to be managed via the 2017-20 ICP Risk Management Framework.

The full year financial effect of 2016-17 developments was £1.5m lower than the 2016-19 year 2 provision. Providers would be challenged as to whether they have spent the approved investment and on achieved

outcomes.

Members **resolved** to

- **Note** the work completed in the WHSSC 2016-17 ICP;
- **Note** the lessons learned; and
- **Note** the closure of the Integrated Commissioning Plan (ICP) 2016-17.

JC17/040 **Annual Performance Report 2016-17**

Members received the report for 2016-17, which provided a summary of the performance of providers throughout the year and details of the actions undertaken to address areas of non-compliance. Cardiac, Plastic, Paediatric, Neuro and Bariatric surgery failed to achieve 100% compliance with the 36 week RTT targets and Thoracic surgery only achieved its 36 week RTT target once during the year. However Plastic, Paediatric and Bariatric surgery improved their performance during the course of the year. Lung cancer data previously provided by the Cancer Network ceased during Q4. It was noted that additional investment had been provided for Cardiac, Neuro and Thoracic surgery during the year and it was therefore particularly disappointing that they had not achieved their targets.

Members **resolved** to

- **Note** the performance over 2016/17

JC17/041 **Financial Performance Report**

Members received the report which set out the estimated financial position for WHSSC for the third month of 2017/18. No corrective action was required at this point. The financial position was reported against the 2017/18 baselines following provisional approval of the 2017/18 Technical Plan by the Joint Committee in March 2017.

Members noted a year to date over spend of £988k and a forecast under spend to year-end of £236k. The largest in year movement was a deterioration of £1.273m against NHS England contracts; this was due to previously disclosed HRG4+ PbR rates dispute.

A discussion was held around the HRG4+ concerns and members noted that a working group had been established to review the Health Boards' positions. The Directors of Finance were now making judgements and providing for the impact of the increased rates. Discussions continued around financial risks, related provider performance and patient experience. It was noted that discussions had been held with Welsh Government and that the main risk on HRG4+ was for BCUHB and PTHB because of their heavy reliance on English providers.

It was agreed that a letter from WHSSC would be sent the Welsh Government setting out the concerns as discussed and the potential risks as identified by the Joint Committee. It was noted that an update would be presented to the Joint Committee in September 2017.

**Action:**

- **Letter to be sent to Welsh Government highlighting the Joint Committee concerns.**
- **Update paper to be provided at the September 2017 meeting**

Members discussed the requirement for a consistent approach to payment of HRG4+ contracts and requested that the WHSS Team agree an approach with Management Group colleagues at their next meeting scheduled for 27 July 2017.

**Action:**

- **Management Group members to agree a consistent approach to payment of HRG4+ contracts.**

Members **resolved** to

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

JC17/042 **Reports from the Joint Sub-committees and Advisory Group Chairs**

Members received the following report from the Joint Sub-committees and Advisory Group chairs:

**Sub Committees**

**Child and Adolescent Mental Health Service and Eating Disorders Network Steering Group**

Members noted the update from the meeting held 23 June 2017.

JC17/043 **Items of Any Other Business**

**Neonatal Workforce**

SL advised that a letter had been received from the South Wales Programme Neonatal Task & Finish Group explaining that Chairs and CEOs were currently looking at how the regional planning committee arrangements would work and that this might have some impact on whether or not the current South Wales Programme had the appropriate governance arrangements in place. In turn this might impact on the responsibilities that the Joint Committee delegated to the Task & Finish Group in March 2017 in relation to implementation of the Neonatal Alliance workforce model. At present the Task & Finish Group was continuing its work and it would keep the Joint Committee informed of

any developments.

JC17/044 **Date and Time of Next Meeting**

It was confirmed that the next meeting of the Joint Committee would be held on 26 September 2017.

The public meeting concluded at approximately **12.05pm**

**Chair's Signature:** .....

**Date:** .....

CONFIRMED