

**WHSSC Joint Committee Meeting held in public
Tuesday 25 July 2017 at 9.30am**

Health and Care Research Wales - Castlebridge 4,
19-15 Cowbridge Rd E, Cardiff CF11 9AB

Agenda

Item	Lead	Paper/ Oral
Preliminary Matters		
1. Welcome, Introductions and Apologies <ul style="list-style-type: none"> - To open the meeting with any new introductions and record any apologies for the meeting 	Chair	Oral
2. Declarations of Interest <ul style="list-style-type: none"> - Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for the meeting 	Chair	Oral
3. Patient Story <ul style="list-style-type: none"> - To hear a patient story. 	Director of Nursing and Quality Assurance	Video
4. Accuracy of Minutes of the Meeting held 27 June 2017 <ul style="list-style-type: none"> - To agree and ratify the minutes. 	Chair	Att.
5. Action Log and Matters Arising <ul style="list-style-type: none"> - To review the actions for members and consider any matters arising. 	Chair	Att.
6. Report from the Chair <ul style="list-style-type: none"> - To receive the report and consider any issues raised. 	Chair	Att.

Item	Lead	Paper/ Oral
7. Report from the Acting Managing Director <ul style="list-style-type: none"> To receive the report and consider any issues raised. 	Acting Managing Director, WHSSC	Att.
Items for Decision and Consideration		
8. Perinatal Mental Health <ul style="list-style-type: none"> To note the information, support the recommendations, and consider mechanisms to progress future work. Contact: - Carole.Bell@wales.nhs.uk	Director of Nursing and Quality Assurance, WHSSC	Att.
9. Integrated Commissioning Plan 2017-20: Risk Management Framework <ul style="list-style-type: none"> To note the progress made to date and approve the commissioning of services detailed in the report. Contact: - Acting Director of Planning – Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.
10. Value Based Commissioning: Progress Report <ul style="list-style-type: none"> To note Contact: - Director of Finance – Stuart.Davies5@wales.nhs.uk	Director of Finance, WHSSC	Att.
11. Inherited Bleeding Disorders <ul style="list-style-type: none"> To note the potential savings and support the outlined proposal Contact: Acting Director of Planning – Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.
Additional Item Paediatric Rheumatology Services in south Wales <ul style="list-style-type: none"> To note the service provision for south Wales and approve the recommendation within the report Contact: Acting Director of Planning – Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.

Routine Reports and Items for Information

12. Integrated Commissioning Plan (ICP) 2016-17 Closure Report <ul style="list-style-type: none"> To note Contact: Acting Director of Planning – Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.
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Item	Lead	Paper/ Oral
13. Annual Performance Report <ul style="list-style-type: none"> - To note current performance and the action being undertaken to address areas of non-compliance. Contact: Acting Director of Planning – Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.
14. Financial Performance Report <ul style="list-style-type: none"> - To receive the report and consider any specific corrective action to reduce any forecast overspending. Contact: Director of Finance – stuart.davies5@wales.nhs.uk	Director of Finance, WHSSC	Att.
15. Reports from the Joint Sub-committees <ul style="list-style-type: none"> - To receive the report and consider any issues raised. Sub Committees No updates Advisory Groups 15.1 Child and Adolescent Mental Health Service and Eating Disorders Network Steering Group	Joint Sub Committee and advisory group Chairs	Att.
Concluding Business		
16. Date of next meeting <ul style="list-style-type: none"> - 26 September 2017, 9.30am - Health and Care Research Wales, Castlebridge 4, 15 - 19 Cowbridge Road East, Cardiff, CF11 9AB 	Chair	Oral

The Joint Committee is recommended to make the following resolution:

"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"
(Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".



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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

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

held on 27 June 2017

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

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Members Present

Ann Lloyd	(AL)	Chair
Lyn Meadows	(LM)	Vice Chair
Marcus Longley	(ML)	Independent Member
Chris Turner	(CT)	Independent Member/ Audit Lead
Alexandra Howells	(AH)	Acting Chief Executive, Abertawe Bro Morgannwg UHB
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
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
John Williams	(JW)	Chair of Welsh Renal Clinical Network

Apologies:

Tracey Cooper	(TC)	Tracey Cooper, Chief Executive, Public Health Wales
Gary Doherty	(GD)	Chief Executive for Betsi Cadwaladr UHB
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB

In Attendance

Ian Langfield	(IL)	Acting Director of Planning, WHSSC
Evan Moore	(EM)	Deputy Chief Executive, Betsi Cadwaladr UHB
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC
Ruth Treharne	RT	Director Of Planning and Performance/Deputy Chief Executive Cwm Taf UHB

Minutes:

Juliana Field	(JF)	Corporate Governance Officer, WHSSC
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The Meeting opened at **12.50pm**

JC17/015 **Welcome, Introductions and Apologies**

The Chair formally opened the meeting and welcomed members and the public.

JC17/016 **Declarations of Interest**

There were no declarations to note.

JC17/017 **Patient Story (video)**

Members noted that the patient story was related to Perinatal Mental Health for which a paper was anticipated at the next meeting. Members agreed to defer the video to the next meeting.

JC17/018 **Accuracy of Minutes of the meetings held 30 May 2017**

Members reviewed and approved the minutes of the meeting held on 30 May 2017 as a true and accurate record.

JC17/019 **Action Log and Matters Arising**

Action Log

Members reviewed the action log and noted the updates provided.

JC007 – WHSSC Integrated Commissioning Plan 2017-20

It was noted that a written resolution for version 3.0 of the Plan had been circulated on 16 June 2017 in accordance with the agreement at the meeting held in May 2017. All voting members had signed the Written Resolution or confirmed their support in writing; the ICP was therefore approved. Therefore, work to produce a summary document for wider distribution could commence.

It was confirmed that the approval of the WHSSC Integrated Commissioning Plan (ICP) 2017-20 would enable the remaining open ICP related actions (JC001, JC004 and JC005) to be progressed.

JC009 – Provision of Specialised Neurosciences in NHS Wales

Members recalled the paper presented at the last meeting which highlighted the varying degrees of fragility with neurosciences and differences in the way services were provided. It was noted that a Neurosciences Strategy Group had been established and had held its first meeting at which it agreed a timeline and prioritised the consideration of sub speciality services; members requested sight of the proposed timeline. It was anticipated that an update paper would be presented to the Management Group in July 2017.

Action:

- **Timescales for work agreed by the Neurosciences Strategy Group to be circulated to member of the Joint Committee for information. (IL)**

Matters Arising

Community Health Councils (CHC)

Members received an update on the work being progressed around engagement. It was noted that, specifically in relation to the Thoracic Surgery Review, WHSSC officers continued to liaise with representatives of the joint Board of the CHCs and information had been shared with them but WHSSC had not yet received any feedback. Members recognised the difficulties faced and offered support in identifying opportunities and processes for engaging with the CHCs at a local level.

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JC17/020 **Report from the Chair**

Members received the report from the Chair noting the following:

All Wales Chairs Meeting

An update of the meeting, which the Cabinet Secretary attended, was provided and key messages noted in relation to financial performance, transformation, quality of care and efficiency gains. Members noted that the Cabinet Secretary had reiterated that proposals to change services needed to be evidence based and approved promptly.

Chair's Action

Members noted the detail presented in the report relating to Chair's action taken following the WHSSC Joint Committee meeting held in May 2017 and the approval of the recommendations set out in the paper on the Specialised Neurosciences Review was ratified.

Members resolved to

- **Note** the content of the report, and
- **Ratify** Chair's action taken in relation the Specialised Neurosciences Review

JC17/021 **Report from the Acting Managing Director**

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

Thoracic Surgery Review

Members noted that a revised timeline had been proposed due to a number of factors, including the engagement process noted earlier in the meeting. Members were informed that greater detail regarding this would

be provided within the private session.

Performance Management

An enhanced performance management framework was being developed that would incorporate the WHSSC escalation process and be reported on through a revised version of the Performance Report. Members were advised that current performance issues would be considered under the Performance Management agenda item, and further detail made available during the private session.

All Wales Blood Service Programme

Members noted that the project completed in 2016 and there was now an all Wales blood service, incorporating north Wales. The final report from the Project Board had recently been received by WHSSC. The report presented a positive outcome within timeline, generated cost savings and maintained a quality blood supply for the whole of Wales. It was anticipated that a paper on the closure report and proposed next steps would be presented at the next meeting of the Joint Committee.

Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales (WHSSC)

Members requested an update regarding the appointment of the Managing Director for WHSSC. It was noted that Sian Lewis' appointment as Managing Director of WHSSC had been confirmed and that she would commence in the role during September 2017.

Members resolved to

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

JC17/022 **Inherited Bleeding Disorders**

Members received the paper which highlighted the continued patient and commissioner risks in the Inherited Bleeding Disorders (IBD) service, made members aware that the WHSSC Team was not fully assured that the current arrangements would address these risks, and outlined options and a recommendation to address the risks.

Members noted that a paper had been considered by the Management Group in January 2017 to prioritise IBD within the Integrated Commissioning Plan to consolidate commissioning of the service to one commissioner as it was a specialised service; however, additional resources would be required to achieve this. It was noted that the additional resource could be delivered through the use of savings arising from other blood projects. The Management Group had considered the proposal, but a decision was deferred. The WHSSC Team had written to Health Board Chief Executives to advise them of the outcome and the

continuing risks.

IL provided an overview of the concerns including, lack of resilience, inequity of access in south west Wales and provision of outreach clinics not achieved. The paper proposed three options to address the commissioning arrangements as set out in section 3.5 and a recommendation was made to align commissioning responsibility and funding under WHSSC (option 3). Health Boards were asked to transfer their existing IBD resources to WHSSC in support of the proposal.

Members discussed the decision making process for this work and it was noted that it was within the remit of the Joint Committee as a joint committee of the seven Health Boards. It was also noted that the Management Group had not had an opportunity to consider the responses to the Chief Executive correspondence as it was felt more appropriate for the options proposed to be considered by the Joint Committee.

Members discussed the financial detail relating to the resource implications, sought further assurances in relation the level of savings from other blood services, the potential implication of future investments, and how to mitigate any ongoing risks.

The proposal was supported in principle, subject to a summary of the headline costs and savings on which the proposal was based.

Action:

Provide a summary of the headline costs and savings on which the IBD recommendation was based. (IL)

Members resolved to:

- **Note** the continued patient and commissioner risks in the IBD service;
- **Note** that current commissioning arrangements are suboptimal and make a single all Wales approach to strategic planning difficult to achieve; and
- **Support, in principle**, subject to a summary of the headline costs and savings on which the proposal was based.
 - the transfer of resources from Health Boards to WHSSC to align resources with commissioning responsibility;
 - the development of a proposal for an increase in commissioning capacity for this service on a spend to save basis; and
 - the development of a commissioning strategy for the whole of Wales for the IBD service.

JC17/023 **Performance Report**

Members received the report for March 2017, which provided a summary of the key issues arising and detailed the actions being undertaken to address areas of non-compliance.

Members noted that the focus of the paper had been narrowed to areas of high risk and escalation with Neuroradiology and Paediatric surgery highlighted as areas for which further discussion was required 'in committee'.

Other key areas to note included:

Cardiac Surgery

The 36 weeks target was not being achieved. Members noted recent work being undertaken by the Delivery Unit around pathway start dates; the way in which these were being recorded varied. It was noted that an assessment of inter-hospital transfer rates was to be carried out.

Plastic Surgery

There had been some improvements in the service; however it was not believed that the target to reduce the number of 36 week breaches to 40 by year end would be achieved. It was noted that a service summit meeting had been scheduled at which this would be discussed.

Paediatric Surgery

It was noted that there had been a reduction in the number of 52 week breaches. Despite some progress the backlog was not expected to be cleared by the end of quarter 1 2017-18.

Neurosurgery

Performance continued to deteriorate due to issues around theatre capacity and length of stay reducing bed capacity.

Bariatric Surgery

Members noted good progress within this service; however WHSSC had written to the current service provider to confirm the intention to take forward a tender for future service provision for south Wales.

Thoracic Surgery

The outsourcing project for south west Wales had not commenced yet; the situation was being monitored but it may be necessary to identify a different provider.

It was further noted that WHSSC had contacted Chief Operating Officers as there had been difficulty obtaining data for lung resection data, previously sourced through the Cancer Network.

Posture and Mobility: Referral to Treatment Wheelchairs

The position for adult services had deteriorated due to staff vacancies across two of the three sites and was not likely to recover to achieve the national target in the near future. Members noted that comprehensive presentations were provided by each provider of the service at the All Wales Posture and Mobility Partnership Board, where future plans for recovery were clearly set out and assurance provided.

Children and Adolescent Mental Health Service

It was noted that work had commenced in north Wales around the balance of patients being managed locally and out of area. It was noted that there were staffing issues in terms of pay rates for staff working in the community being higher than rates for hospital staff and concerns around long term sustainability.

It was noted that work was being undertaken around outcomes and patient experience and it was anticipated that this would be included in future reports to better triangulate quality and performance information against the escalation framework.

A question was raised in relation to recovery plans for cardiac surgery and paediatric surgery waiting times and assurances sought that these would result in improved performance. It was noted that, for cardiac surgery, the breaches in north Wales were mostly attributed to minimital valve surgery, whereby patients received a choice and had consented to the longer wait. It was noted that in Cardiff capacity was stable and positive progress was being made. There were some concerns around capacity in Swansea due to difficulties recruiting and retaining cardiac scrub nurses. In relation to paediatric surgery, members noted that there had been some improvement in volume of activity; however concerns still remained around the way in which patients were prioritised. Members noted that the WHSSC Team had sought further assurances around the impact on patients and management of risk by the provider.

Members discussed the impact of waiting times for cardiac surgery and noted that the Management Group would be undertaking a piece of work to understand the rationale for variance in acuity across Wales.

Members noted that an annual performance report 2016-17 was to be presented at the next meeting.

Members resolved to:

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

JC17/024 Financial Performance Report

Members received the report which provided the current financial position of WHSSC together with outturn forecasts for the financial year.

It was noted that the financial position reported at Month 2 was a projected underspend to year-end of £760k, based on Month 1 data. There were some concerns around the NHS England spend that was now based on HRG4+ Payment by results rates. The WHSSC Team was resisting this on the basis that it reflected a cost increase in specialised services for no extra activity. Members received an overview of HRG4+ pricing system used within the NHS in England.

Members resolved to:

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

JC17/025 Reports from the Joint Sub-committees and Advisory Group Chairs'

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

Sub Committees**All Wales Individual Patient Funding Request Panel**

Members noted the update from the meeting held 31 May 2017 with the following areas highlighted to note:

Requests for positron emission tomography (PET) scans continued to rise; consideration was being given as to how these might be managed going forward.

Members noted that there had been a poor response from Health Board in relation to ensuring clinical representation at IPFR Panel meetings. It was noted that the lack of clinical representation lead to delays in the decision process and Health Board members were urged to feed this information back to their respective Boards and give greater consideration to nominations for clinical representatives.

Audit Committee

Members noted the update from the meeting held 31 May 2017 and were informed that the WHSSC Annual Accounts and Annual Governance Statement had been approved without comment.

Advisory Groups**All Wales Neonatal Network Steering Group**

Members noted the update from the meeting held in June 2017 and the work being carried out in relation to a proposal for a 24 hour transport service in south Wales.

All Wales Gender Identity Partnership Group

Members noted the update from the meeting held on 16 May 2017, with the following areas highlighted:

At the last meeting of the Group there had been an agreement to change its name to better reflect its work. The Group received a closure report on the funding for the 2015 project, which indicated an under spend of £10,000 that Welsh Government had agreed could be released to support the ongoing work of the Group.

Members were informed of the requirement to provide an interim solution for hormone prescribing due to associated issues arising. It was noted that work was progressing with this and it was anticipated that a proposed pathway would be shared with stakeholders in August 2017 with a report to the WHSSC Joint Committee in September 2017 for a decision. It was noted that Welsh Government had committed £500,000 to support this.

The Joint Committee received and approved the revised Terms of Reference for the Group.

The Chair and members extended their thanks to Tracy Myhill and Carole Bell for their hard work and commitment to the Partnership Board given the concerns and current difficulties within the service.

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

It was noted that the Group met on 22 June 2017 and that a formal report would be provided to the next meeting of the Joint Committee. Members noted that a paper had been presented on the work of the tier 4 task and finish group, mother and baby unit for perinatal mental health in south Wales. It was anticipated that a paper would be presented in July accompanied by a patient story.

JC17/028 Date and Time of Next Meeting

It was confirmed that the next meeting of the Joint Committee would be held on 25 July 2017.

The public meeting concluded at approximately **1.50pm**

Chair's Signature:

Date:

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UNCONFIRMED



2017/18 Action Log Joint Committee Meeting

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
30/05/2017	JC002	JC17/008 - WHSSC Integrated Commissioning Plan 2017-20 The Chair to inform LHB Chairs what is in and what is out of the ICP.	Chair	June 2017		OPEN
30/05/2017	JC006	JC17/008 - WHSSC Integrated Commissioning Plan 2017-20 CB to provide details on WHSSC engagement Framework for inclusion in the Plan.	Director of Nursing and Quality Assurance	June 2017		OPEN
30/05/2017	JC009	JC17/009 - Provision of Specialised Neurosciences in NHS Wales Detailed paper to be presented to a future Management Group meeting regarding the Neuro-rehabilitation pathway/service specification.	Acting Director of Planning	July 2017	27.06.2017 It was noted that a Neurosciences Strategy Group had been established and had held its first meeting at which it agreed a timeline and prioritised the consideration of sub speciality services; members requested that the proposed timescales agreed. It was anticipated that an update paper would be presented to the Management Group in July 2017.	OPEN

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
30/05/2017	JC011	JC17/009 - Provision of Specialised Neurosciences in NHS Wales Details regarding patient and public engagement to be included in the final neurosciences strategy paper when presented to the Joint Committee	Acting Director of Planning	Sept 2017	Not commenced	OPEN
30/05/2017	JC012	JC17/009 - Provision of Specialised Neurosciences in NHS Wales IL to ensure that that the Strategy paper clearly differentiates the commissioning responsibilities of WHSSC and those of the Health Boards	Acting Director of Planning	Sept 2017	Not commenced	OPEN
27.06.2017	JC013	JC17/019 – Neurosciences Strategy Group timescales Timescales for work agreed by the Neurosciences Strategy group to be circulated to member of the Joint Committee for information	Acting Director of Planning	June 2017		OPEN



		Agenda Item	6
Meeting Title	Joint Committee	Meeting Date	25/07/2017
Report Title	Report from the Chair		
Author (Job title)	Committee Secretary		
Executive Lead (Job title)	Chair	Public / In Committee	Public

Purpose	The purpose of this paper is to provide Members with an update of the key issues considered by the Chair since the last report to Joint Committee.		
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Not applicable	Meeting Date	
		Meeting Date	

Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> • Note the contents of the report 		
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Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓			✓			✓
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
		✓			✓			✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓			✓			✓

1.0 Situation

- 1.1 The purpose of this paper is to provide Members with an update of the key issues considered by the Chair since the last report to Joint Committee.

2.0 Background

- 2.1 The Chair's report is a regular agenda item to Joint Committee.

3.0 Assessment

3.1 Annual Attendance at Health Board Meetings

I attended PTHB's Board meeting on 29 June 2017.

3.2 Meeting with Cabinet Secretary

I met with the Cabinet Secretary on 10 July 2017. Amongst other things we discussed:

- The thoracic surgery review;
- The neurosciences review;
- Paediatric rheumatology;
- Alternative and augmentative communication (AAC);
- The transgender pathway;
- Cystic fibrosis; and
- The latest AWMSC approval of Ivacaftor.

3.3 Appointment of New Chair

Members will be aware that I have been appointed Chair of Anuerin Bevan University Health Board. I am delighted to confirm that Professor Vivienne Harwood will succeed me as Chair of WHSSC. Viv has been chair of the All-Wales (WHSSC) IPFR Panel and a member of the WHSSC Integrated Governance Committee for some time, so comes with considerable knowledge of WHSSC matters. She will continue in her role as Chair of Powys Teaching Health Board.

4.0 Recommendations

Members are asked to:

- **Note** the contents of the report.

5.0 Appendices/ Annex

There are no appendices or annexes to this report.

Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance	
Link to Integrated Commissioning Plan	Approval process	
Health and Care Standards	Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Not applicable	
Institute for HealthCare Improvement Triple Aim	Not applicable	
Organisational Implications		
Quality, Safety & Patient Experience	No implications identified at this time.	
Resources Implications	No implications identified at this time.	
Risk and Assurance	No implications identified at this time.	
Evidence Base	No implications identified at this time.	
Equality and Diversity	No implications identified at this time.	
Population Health	No implications identified at this time.	
Legal Implications	No implications identified at this time.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Not applicable		



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Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

		Agenda Item	7
Meeting Title	Joint Committee	Meeting Date	25/07/2017
Report Title	Report from the Acting Managing Director		
Author (Job title)	Acting Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales		
Executive Lead (Job title)	Acting Managing Director, Specialised And Tertiary Services Commissioning	Public / In Committee	Public

Purpose	The purpose of this report is to provide the Members with an update on key issues that have arisen since the last meeting.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Not applicable	Meeting Date	
		Meeting Date	
Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> Note the contents of this report. 		

Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓			✓		✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
		✓		✓				✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓		✓				✓

1.0 Situation

- 1.1 The purpose of this report is to provide the Members with an update on key issues that have arisen since the last meeting.

2.0 Updates

2.1 Genomics for Precision Medicine

The Welsh Government officially launched the Genomics for Precision Medicine Strategy in July 2017. The Strategy outlined a number of key actions to develop internationally-recognised medical and public health genomics services in Wales. The Strategy further includes wide ranging plans covering research and development, workforce development and partnership development and information. A Taskforce has been established to take forward the recommendations which include groups looking at Hosting and Commissioning; Evaluation; Estates; Research and Models of Consent; Workforce and Training; Strategic Partnership; and Information.

Initially via the Hosting and Commissioning Group, WHSSC's role in taking forward the strategy is summarised below:

- WHSSC will retain the commissioning role for the All Wales Medical Genetics Service (AWMGS) ensuring full engagement across Health Boards and Trusts. Our task will be to develop a commissioning strategy that is fully responsive to the rapidly changing demands for genetic, genomic and precision medicine services for a wide range of clinical specialties.
- WHSSC to work with Welsh Government and the AWMGS to predict future requirements for genetic, genomic and precision medicine services and consider a protected development fund to enable timely adoption and capability.
- WHSSC to work with Welsh Government and AWMGS to develop appropriate governance and oversight arrangements for the wider service and research interests.
- Involvement in business case preparation and evaluation for short and long term accommodation solutions for genomics laboratory and partners capacity requirements.

The nature of WHSSC's commissioning remit will mean that inputs into other workstreams will be required at a number of levels as the project progresses.

The Strategy document outlined a budget of £6.8m over five years with £1.146m allocated to Clinical and Laboratory Services in the first year. It will be important to establish early on in the process the details regarding funding intentions both non-recurrently and recurrently.

2.2 **Interventional Neuroradiology**

There has been a slight improvement to the Interventional Neuro-Radiology position in Cardiff. A substantive Consultant Interventional-Neuro Radiologist has been appointed and is due to start in September 2017. This will bring the number of substantive posts to two. The Locum appointed in April is still in place and the Department is still working on securing a second Locum who is currently working overseas while they go back out to recruit a third substantive Consultant. Arrangements have been made with the Walton Centre to undertake ten elective interventional neuro-interventional procedures during August. Outpatient clinics are being planned in Cardiff with the selected patients, before proceeding to surgery in the Walton. Relative accommodation is available on site.

2.3 **TAVI**

A proposal to review the TAVI policy and to fund the resources required to implement the recommended changes was submitted for consideration as part of the 2017/18 ICP prioritisation process. This was not funded and there is therefore a clear mandate from Health Boards to bring activity levels to within contract. This is particularly important in ABMU, where activity has increased significantly in recent years with a financial impact of >£700k. To support this, ABMU have been instructed that from June 2017 they must seek prior approval from WHSSC for all TAVI procedures; this process is in line with all other TAVI service providers. Subsequently WHSSC have been informed that ABMU have a significant and unreported TAVI waiting list and they are now in the process of validating the position and reporting this by end July 2017. At a recent meeting to discuss the TAVI policy, clinicians from ABMU raised concern regarding mortality on the TAVI waiting list and WHSSC have therefore requested further information around this which is awaited. WG have been informed and discussions are ongoing to determine the current position and any required actions. In terms of the TAVI policy, it has been agreed that WHSSC will undertake an evidence review to determine a policy proposition that can then be costed and taken through a future prioritisation process. In the mean time, the existing policy and requirement for prior approval remains.

2.4 **Posture and Mobility**

Further information has been requested from Cardiff and Vale UHB regarding the proposal that they submitted for inclusion in the ICP to fund a Replacement Programme for motorised wheelchairs. Two models of motorised wheelchairs, accounting for 1770 wheelchairs currently in use, have been discontinued with parts only available until 2018 and 2019 respectively. The scheme which sought staff and non pay funding was a planned strategy to ensure continuity of care, management of risk and service sustainability. The proposal was one of the top priorities from the Clinical Impact Assessment Group's assessment of the proposals due to the impact that not funding this scheme could have on patients healthcare and

quality of life. We have asked the service a number of questions to strengthen the proposal for 2018/19 including: the impact of the delay of not receiving any funding this year on the planned replacement programme and new patients receiving motorised wheelchairs, a breakdown of the staffing costs and lead in time for recruitment, the procurement exercise for procuring this amount of wheelchairs and assurance that a wide choice of chairs will be given to prevent a similar replacement programme having to be undertaken in the future.

2.5 Paediatric Rheumatology

WHSSC have been asked by Welsh Government to review the provision of paediatric rheumatology services for Wales in order to inform recommendations for establishment of a dedicated specialised service for South Wales at the Children's Hospital for Wales. An initial scoping report has been completed. A meeting is due to take place on 17th July with representatives from Arthritis Care Wales, National Rheumatoid Arthritis Society and the British Society for Rheumatology to discuss their concerns regarding current service provision. WHSSC's objective is to complete the review and produce a clear set of recommendations to go to the Joint Committee in September 2017 after consideration by Management Group.

2.6 Cardiac Ablation

The need to increase cardiac ablation capacity has been identified as a high priority for investment in recent IMTP cycles with cardiac ablation rates in Wales being demonstrably low compared to almost all developed countries. However, Health Boards were unable to identify increased funding for 2017/18 and it remains a service subject to ongoing risk management. In order to further develop the case for investment on affordability and economic grounds WHSSC has commenced work with the ABMUHB service to scope how a more targeted proposal can be constructed. The intention is to have a proposal in readiness for the next IMTP round. The proposal will focus on the role of cardiac ablation in treating paroxysmal and persistent atrial fibrillation and in selected cases, ventricular tachycardia. The overall goal of treatment is curative in targeted patients to avoid recurrent admission, disease progression and drug toxicity. Improvements in local cardiology infrastructure across Wales are resulting in increased referrals into the system with increased pressure on waiting lists and existing capacity.

3.0 Recommendations

3.1 Members are asked to:

- **Note** the contents of the report.

4.0 Annexes and Appendices

4.1 There are no annexes or appendices to this report

Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance	
Link to Integrated Commissioning Plan	This report provides an update on key areas of work linked to Commissioning Plan deliverables.	
Health and Care Standards	Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Not applicable	
Institute for HealthCare Improvement Triple Aim	Not applicable	
Organisational Implications		
Quality, Safety & Patient Experience	The information summarised within this report reflect issues relating to quality of care, patient safety, and patient experience.	
Resources Implications	There is no direct resource impact from this report.	
Risk and Assurance	The information summarised within this report reflect financial, clinical and reputational risks. WHSSC has robust systems and processes in place to manage and mitigate these risks.	
Evidence Base	Not applicable	
Equality and Diversity	There are no specific implications relating to equality and diversity within this report.	
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.	
Legal Implications	There are no specific legal implications relating within this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Not applicable		



			Agenda Item	8
Meeting Title	Joint Committee		Meeting Date	25/07/2017
Report Title	Tier 4 Specialist Perinatal Mental Health in Wales			
Author (Job title)	Director of Nursing & Quality Chair Tier 4 Specialist Perinatal Mental Health Task & Finish Group			
Executive Lead (Job title)	Director of Nursing & Quality	Public / In Committee	Public	
Purpose	The purpose of this report is to set out the reporting arrangements for the review of Tier 4 Perinatal Mental Health sub group. It will also present the findings and recommendations of the work undertaken by the task and finish group.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
Sub Group /Committee	Child and Adolescent Mental Health Services and Eating Disorders Network Steering Group		Meeting Date	23/06/2017
	All Wales Perinatal Mental Health Steering Group		Meeting Date	25/05/2017
Recommendation(s)	Members of the Joint Committee are asked to: <ul style="list-style-type: none"> • Note the information presented within the report; • Support the recommendations from the Tier 4 task and finish group; and • Consider the best mechanism to progress future work in terms of the development of a detailed business case to support the proposed options. 			

8

Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓						✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓			✓	
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
	✓			✓			✓	

1.0 Situation

A sub group of the All Wales Perinatal Mental Health Steering Group AWPMHSG was established to oversee the review of the Perinatal Specialised Mental Health Service for Wales. The overarching aim was to propose a preferred pathway that will provide an equitable and sustainable service model for Welsh residents. The costing or the locations of the proposed models was outside the remit of the group and was therefore not explored as part of the initial scoping exercise. All disciplines as well as third sector and service users were represented on the group.

The purpose of this paper will aim to set out the governance arrangements of the group and present the shortened list of preferred service models for the future configuration of Tier 4 Specialised Perinatal Mental Health Services in Wales. The paper will provide the background for the case for change and outline the benefits and negatives for each of the models. These will help inform the next stage of the development of a business case for the future provision of Tier 4 provision.

2.0 Background

In June 2015, the Health & Social Services Minister announced £1.5 million (per year) of new Welsh Government investment in adult mental health services across Wales to improve better outcomes for women, their babies and their families with or at risk of perinatal mental health problems. Each Health Board was asked to develop a delivery plan to establish new specialist community mental health services in each of the seven Health Boards across Wales. A project lead was appointed to oversee this work and an All Wales Perinatal Mental Health Steering Group (AWPMHSG) was set up to monitor progress both of which are hosted by Public Health Wales. The AWPMHSG reports to the CAMHS & ED Network which is chaired by CEO Carol Shillabeer and reports directly to the Joint Committee of WHSSC.

In November 2015 the CAMHS & ED Network received a paper outlining the various groups that had been historically involved in the development of perinatal mental health services. It was agreed at that meeting that the former WHSSC Specialised Perinatal Mental Health Group would function better if it was formally recognised as a sub group of the AWPMSG to oversee the review of the Perinatal Specialised Mental Health Service for Wales and replace all other groups. The governance arrangement for the group is set out in Appendix 1. The overarching aim was to propose a preferred pathway that would provide an equitable and sustainable service model for Welsh residents. This work has been supported by additional funding from Welsh Government and led by the Director of Nursing & Quality in WHSSC supported by the Network Manager.

In addition the National Assembly for Wales' Children, Young People and Education Committee is currently undertaking an inquiry into perinatal mental health.

WHSSC have submitted written evidence and given oral evidence to the scrutiny committee. The final report is expected to be sent to the Cabinet Secretary in September 2017.

3.0 Assessment

The work of the task and finish group which included representation from the third sector and women with lived experience has concluded. The shortlist of models has been presented to the All Wales Perinatal Steering Group (AWPMHSG) on the 25 May 2017 for discussion and a final report (Appendix 2) presented to the CAMHS & ED Network on the 23 June 2017 who endorsed the recommendations set out in the paper. The findings and recommendations from the Tier 4 task and finish group and endorsed by the CAMHS & ED Network are as follows:

- **Note** the content of the paper and progress made to date;
- **Agree** that the three options proposed are taken forward for the development of a detailed business case to include a financial option appraisal and location of service provision;
- **Develop** a service specification in line with the final option; and
- **Ensure** that Health Boards develop a coding system to capture and report information to inform the future requirements and planning for perinatal mental health services.

8

4.0 Recommendations

Members of the Joint Committee are asked to:

- **Note** the information presented within the report;
- **Support** the above recommendations; and
- **Consider** the best mechanism to progress future work in terms of the development of a detailed business case to support the proposed options.

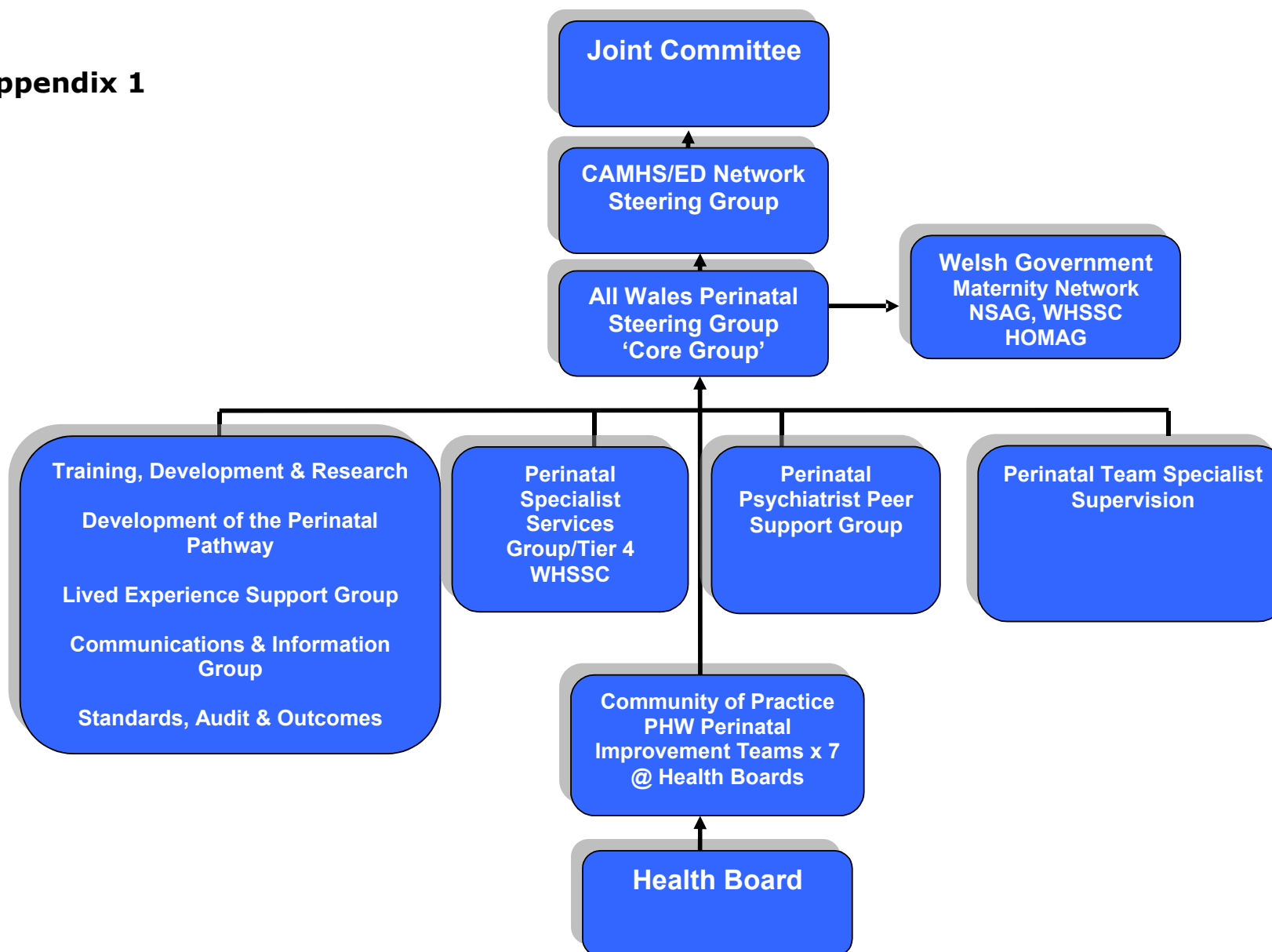
5.0 Appendices / Annexes

- **Appendix 1** Governance arrangements for Tier 4 task and finish group
- **Appendix 2** Options paper from Tier 4 task and finish group

Link to Healthcare Objectives	
Strategic Objective(s)	Development of the Plan Governance and Assurance
Link to Integrated Commissioning Plan	2.5.6 2.12 4.2.2
Health and Care Standards	Safe Care Individual Care Effective Care
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Reducing the per capita cost of health care
Organisational Implications	
Quality, Safety & Patient Experience	As there is no mother and baby provision within Wales patient experience and choice is poor. In many cases women chose to access local acute psychiatric services which are not fit for purpose and lack specialist knowledge in this field of practice. As such practice does not follow the standards and guidance recommended.
Resources Implications	The resource implications have not been considered as part of the work however they will need to be given detailed consideration as part of future work.
Risk and Assurance	There is a risk that women are being managed locally and this can have a detrimental effect on the long term recovery for both the woman and her baby. It is becoming increasingly difficult to secure a bed which can lead to a delay in transfer and therefore a risk to the woman health and subsequent treatment pathway.
Evidence Base	There is extensive evidence to support the appropriate care and management of women who require specialist Perinatal mental health services. All of the evidence has been considered as part of the work and is referenced throughout the body of the paper.
Equality and Diversity	There is inequity in terms of travel distances and access to units.
Population Health	Women have to access services outside of Wales which does not meet the needs of the local population. In some case women are not even offered the choice of a mother and baby unit as part of their ongoing treatment pathway.

Legal Implications	If harm were to occur as a result of a delay or the inability to place a woman in a designated service then this could have legal implications as a direct result.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Child and Adolescent Mental Health Services and Eating Disorders Network Steering Group	23/6/2017	Endorsed recommendations
All Wales Perinatal Mental Health Steering Group	25/5/2017	Supported recommendations

Appendix 1



APPENDIX 2



Tier 4 Specialist Mental Health in Wales

Report of	Tier 4 Specialised Perinatal Mental Health Task & Finish Group
Paper prepared by	Carole Bell Director of Nursing & Quality WHSSC – Chair of Task & Finish Group
Action/Decision required	Members are asked to: <ul style="list-style-type: none"> • Note the content of the paper and progress made to date. • Agree that the three options proposed are taken forward for the development of a detailed business case for each option to include a financial option appraisal and location of service provision. • Develop a service specification in line with the final option. • Ensure that Health Boards develop a coding system to capture and report information to inform the future requirements and planning for perinatal mental health services.
Link to Board Committee (s)	All Wales Perinatal Mental Health Steering Group WHSSC Joint Committee
Link to Standards for Health Services in Wales	Timely Care, Individual Care, Dignified Care, Staff & Resources, Effective Care

INTRODUCTION

Project scope and definition

A sub group of the All Wales Perinatal Mental Health Steering Group was established to oversee the review of the Perinatal Specialised Mental Health Service for Wales. The overarching aim was to propose a preferred pathway that will provide an equitable and sustainable service model for Welsh residents. The costing or the locations of the proposed models was outside the remit of the group and was therefore not explored as part of the initial scoping exercise. All disciplines as well as third sector and service users were represented on the group.

The purpose of this paper is to present the shortened list of preferred service models for the future configuration of Tier 4 Specialised Perinatal Mental Health Services in Wales. The paper will provide the background for the case for change and outline the benefits and negatives for each of the models. These will help inform the next stage of the development of a business case for the future provision of Tier 4 provision.

1. NATIONAL CONTEXT

In June 2015, the Health & Social Services Minister announced more than £8million (per year) of new Welsh Government investment in adult mental health services across Wales. As part of this, £1.5million (per year) was allocated to improve better outcomes for women, their babies and their families, with or at risk of perinatal mental health problems. This £1.5 million is being used to establish new specialist community mental health services in each of the seven Health Boards across Wales. The Welsh Government has also demonstrated its commitment to tackling perinatal mental health illness in Wales, through the introduction of a mental health strategy 'Together for Mental Health'.

NHS England has recently announced a commitment to a phased, five-year transformation programme, backed by £365m in funding, to build capacity and capability in specialist perinatal mental health services. This will include plans to:

- **Increase Mother and Baby Unit (MBU) provision** – including development of new MBUs in areas with significant access issues and increasing capacity in existing units, as needed.
- **Strategic collaborative commissioning models** – develop and implement new commissioning models so that inpatient MBUs serve the needs of large populations and are closely integrated with specialised community perinatal mental health teams.

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The following map shows the number of mother and baby units across England & Scotland

**2. EVIDENCE BASE**

The group considered extensive national policy initiatives and evidence all of which recommend that all women with serious mental illness in late pregnancy and the postpartum period should receive specialist perinatal psychiatric care. If they require admission, these women should be admitted with their babies to a Specialised In-Patient Mother and Baby Unit.

While treatment is also just as effective for women in the perinatal period as at other times, what is different is the heightened need for prompt and effective care. This is because a mental health problem during the perinatal period not only has the potential to adversely affect the mother, but also has lasting consequences for the developing child. Linked to this, the

APPENDIX 2

separation of mother and infant can have serious effects on the mother-infant relationship and be difficult to reverse. The risks from loss of bonding opportunities in the early days of an infant's life is well evidenced and can have a long term impact on mothers, babies and the wider family and result in longer recovery times for mental health problems.

Although maternal deaths are generally low in the UK, perinatal mental illness is associated with maternity mortality. 10% of women who died in the perinatal period, died as a result of completed suicide. 23% of women who died in the postnatal period had a mental disorder (MBRRACE 2015).

Women who require specialist treatment for mental health problems in the perinatal period need different facilities and service response from those provided by general adult mental health services. This has been acknowledged and prompted a range of evidence-based publications, particularly the NICE clinical management and service guidance on Antenatal and Postnatal Mental Health (2014) and associated standard (2016).

Mother and Baby Units are highly specialised services focused on the treatment and recovery of women with the most severe and complex mental ill health. In-Patient Mother and Baby Units enable the treatment and recovery of the mother whilst ensuring the developing relationship with the baby and its physical and emotional wellbeing. MBUs are staffed by clinicians with additional knowledge and skills in the impact of childbirth on maternal psychiatric disorder and the effects of maternal psychiatric disorder and its treatment on the infant both in-utero and after birth.

3. INCIDENCE

The epidemiology of postpartum psychiatric disorders and their service uptake is well established (Kendal et al 1987; Oates 1997; Kumar and Robson, 1984; Munk-Olsen, 2009, 2011). 2 per 1000 women delivered will suffer from a postpartum psychosis and are admitted to a Psychiatric Unit. A further 2 per 1000 delivered women will be admitted suffering from other serious/complex disorders. All of these require Specialised Mother and Baby Units.

Up to 20% of women experience a mental health problem in the perinatal period. They range from mild to extremely severe, requiring different pathways, management and care.

4. CASE FOR CHANGE

Current Commissioning Arrangements

Welsh Health Specialised Services Committee (WHSSC) commissions Tier 4 services on behalf of the seven Health Boards. There is currently no mother and baby unit provision in Wales following the closure of the service in

APPENDIX 2

Cardiff in 2013. The closure was due to a combination of staffing/resource issues and low demand. In view the closure alternative arrangements for perinatal mental health service provision have been put in place. Placements in Mother and Baby Units are secured by accessing the Individual Patient Funding Release (IPFR) process and are commissioned entirely outside of Wales from England.

All placements are funded on a cost per case basis from English providers designated to provide such services. Placements are subject to bed availability and clinical acceptance of patient referral. If a Welsh patient is placed in a mother and baby unit, that placement will be funded by WHSSC at an agreed daily bed rate until the patient is discharged. If a woman with perinatal mental health issues is admitted to an adult MH inpatient bed or cared for by community services, the Health Board responsible for that individual will commission and fund the episode of care.

If a Health Board wishes WHSSC to commission a mother and baby placement, the referring clinician is required to undertake an assessment and based on a clinical opinion indicate the type and level of care that is required. Following this a suitable placement is sourced by the clinician and an Individual Patient Funding Request (IPFR) completed to secure and agree the funding through WHSSC.

This arrangement has a number of problems associated with it. As there is no single contract in place, securing a bed can be a lengthy process for the referring clinician and access is totally reliant on the availability of a bed. There is inconsistency in the cost per day and the placement is a long distance from the woman's home. As there is no formal contract with one provider the quality of the commissioned service is reliant on the quality assurance framework in place undertaken by the Quality Assurance Improvement Team (QAIT), Wales and Care Quality Commission (CQC) England rather than through a contracted service level agreement.

Statistical Data

The number and costs of inpatient placements in mother and baby units commissioned by WHSSC for the last 3 years is shown in the table below.

Placements outside Wales	2014-15	2015-16	2016-17
Number of funding requests for placements at mother and baby units	6	7	13
Number of inpatient placements at mother and baby units	Less than 5	Less than 5	6
Cost of inpatient placements at mother and baby units	£321,000	£150,000	£327,000

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Currently, there is no mechanism or coding system in place to capture or report statistical information for perinatal mental health. As a result it was impossible to accurately determine how many women were admitted to maternity units, acute adult psychiatric wards or cared for in the community by specialist mental health teams within Local Health Boards. Therefore the figures reported are unreliable and not reflective of the true picture of the number of women who in line with the NICE recommendations and prevalence figures could require admission to a Mother & Baby Unit.

The costs of placements range from £670/day to £850/day with a length of stay from 4 – 27 weeks. The national average length of stay is 56 days with NHS benchmarking highlighting 12% admissions lasting more than 3 months. This would suggest that the longer distances away from home is a potential contributory factor to the shorter length of stays compared to the national average.

Many women and their families who need this type of support face a choice between receiving inpatient care more locally but being separated from their infant, or remaining with their infant in a specialist unit but needing to travel away from their support networks. Another factor that needs to be considered is that some women may not be offered the choice of admission to a MBU by the clinician in the first instance because the current system is complex and burdensome.

8**5. SERVICE MODEL OPTIONS DEVELOPMENT**

The development of the service model options was informed by a number of service visits made to various Mother and Baby Units across the UK. A summary of the models was presented at a stakeholder event on the 15th February, 2017 to consider the evidence and generate a list of high level options for the proposed adult service following some initial engagement with the service.

In order to ensure that the patient voice was heard, a series of lived experience stories was presented to capture the positive and negative aspects of services accessed, and to help inform the group to fully understand the needs for a patient perspective and the impact service provision had on them personally. In summary the main themes were centred around access to specialist knowledge in an environment where they felt safe irrespective of location, although long travel distances and isolation was a factor when it came to patient choice for admission.

Each of the long-listed options were subsequently reviewed on the basis of feasibility, sustainability, affordability and likely acceptability. An agreed consensus was reached for each option and a shorter list of three options put forward for recommendation.

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The 3 shortlisted options agreed are outlined as follows:

Option 1: Perinatal Mental Health Tier 4 Services provided using the IPFR process through a secured contract

This is an extension of the current model but a contract secured with a named provider in NHS England in the North and South. Continuing with the current process without a secured contract is not an option as the availability of beds is becoming increasingly difficult and this poses a significant risk to Health Boards.

Given that NHS England are currently in the process of reviewing the provision to increase their mother and baby provision early engagement with them is essential but will inevitably require additional investment to ring fence beds for Welsh patients.

Option 2: A single regional Mother and Baby Unit established for Wales

Based on a minimum of 2 admissions per 1000 live births annually and the number of live births for the population of Wales (Stats Wales 2015 data) using 31,602 live births it is anticipated that there should be at least 60 -65 admissions per year nationally. It has been estimated that based on 0.25 In Patient Mother and Baby beds per 1000 live births Wales would require 8 Mother and Baby beds. Whilst the location of the unit is outside the remit of the group in line with NICE guidance (2007) the following points will need to be considered when developing the detailed business case;

- Provide facilities designed specifically for mothers and babies (typically with 6-12 beds).
- Be staffed by specialist perinatal mental health staff.
- Be staffed to provide appropriate care for babies.
- Have effective liaison with general medical and mental health services
- Have available the full range of therapeutic services.
- Be closely integrated with community-based mental health services to ensure continuity of care and minimum length of stay.

Option 3: A regional Mother and Baby Unit established for Wales in the South and services contracted in England for the North

Given the birth data for the population of Mid and South Wales a 6 bedded mother and baby unit is established in the South. Whilst North Wales mothers could theoretically access these beds a contract would be secured with a NHS England provider in the North as an alternative to provide equity in terms of travel distances.

APPENDIX 2**RECOMMENDATION**

Steering Group members are asked to:

- **Note** the content of the paper and progress made to date.
- **Agree** that the three options proposed are taken forward for the development of a detailed business case to include a financial option appraisal and location of service provision.
- **Develop** a service specification in line with the final option.
- **Ensure** that Health Boards develop a coding system to capture and report information to inform the future requirements and planning for perinatal mental health services.



		Agenda Item	9
Meeting Title	Joint Committee	Meeting Date	25/07/2017
Report Title	ICP Risk Management Framework		
Author (Job title)	Acting Assistant Director of Planning		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	Public

Purpose	This paper describes 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.			
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RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Not applicable	Meeting Date	
		Meeting Date	

Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the progress made to date on implementing the ICP Risk Management Framework and the next steps for completion; and • Approve the commissioning of: <ul style="list-style-type: none"> - Complex Obesity Surgery for Paediatrics - The use of Plerixafor for Stem Cell mobilisation - The use of Pasireotide for Cushings Disease 		
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Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
		✓					✓	
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
	✓			✓				✓



1.0 Situation

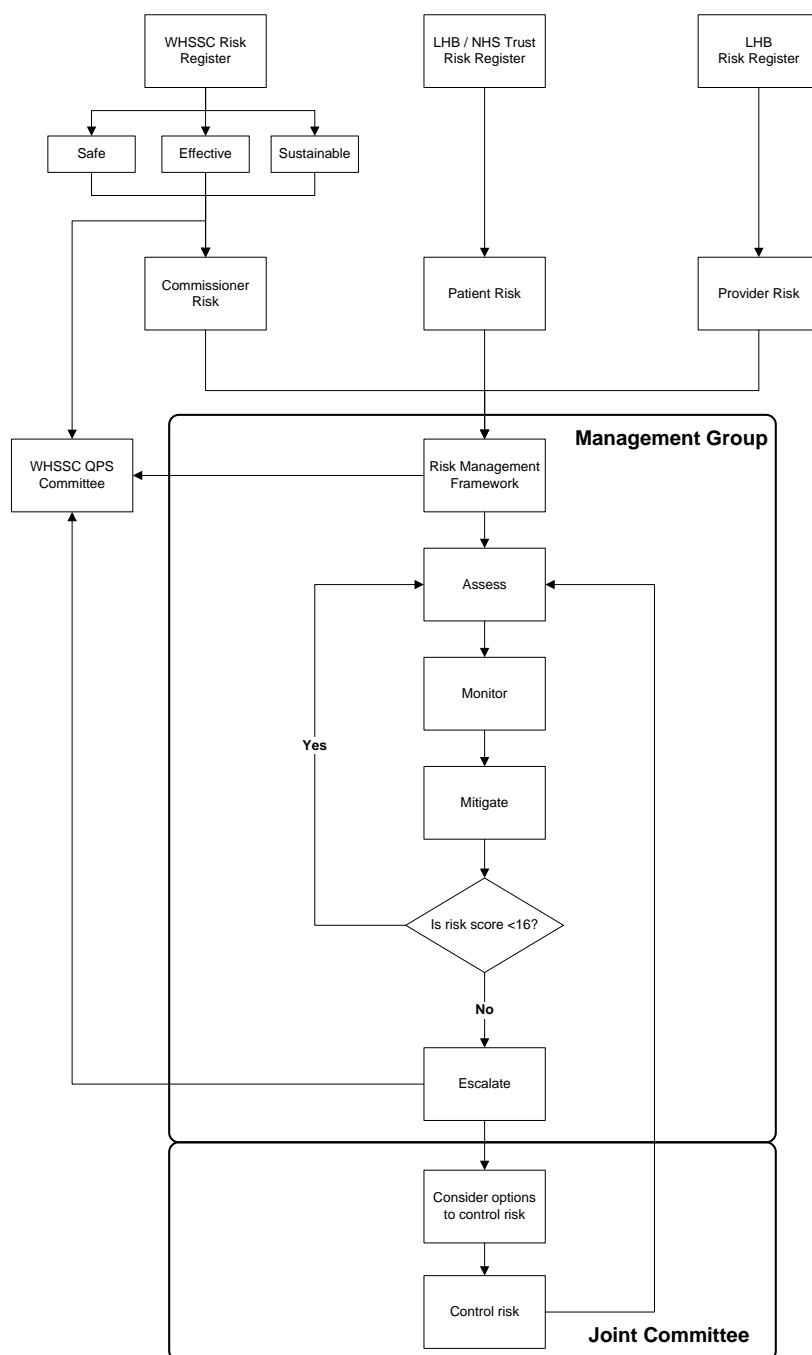
The ICP Risk Management Framework has been developed to assess, monitor and mitigate the risks identified for each of the unfunded schemes, schemes within Strategic Reviews and highlighted streams of the workplan within the WHSSC 2017-20 ICP.

2.0 Background

The Risk Management Framework has been described in both the Technical Plan that was approved by Joint Committee in March and consequently submitted to Welsh Government and the ICP that has recently been approved by Chief Executives and submitted to Welsh Government. Initial feedback of the Risk Management Framework has been positive.

The Framework clearly sets out how the risks of unfunded schemes, schemes within Strategic Reviews and work-plan streams will present across the three domains of Patient (Resident Health Board), Provider and Commissioner, linking respectively with the three domains of the WHSSC aim – Safe, Sustainable and Effective.

Risks for the domains have been scored using a standard impact x likelihood risk assessment methodology, using a 5x5 matrix. Risks scoring 16 or higher will be reviewed by the Management Group on a monthly basis and those scoring less than 16 will be reviewed on a quarterly basis. Where necessary, Management Group will escalate extreme (those scoring 20 and above) and high (those scoring 16-19) risks, which do not respond to mitigation, to the Joint Committee for resolution. The escalation process for managing this risk is outlined in the diagram overleaf.



3.0 Assessment

The ICP Risk Management Framework is a new document for both WHSSC and Management Group and the last few Management Group workshops have worked through the opportunities and challenges presented.

The aim of the Risk Management Framework is to utilise processes such as existing risk registers to support its development. It is envisaged that Health Boards would use risk scores from their current risk registers to provide the score for the 'Patient' and / or 'Provider' domains on the ICP Risk Management



Framework. An example of the risk management framework is outlined in Appendix 1.

Work is ongoing with Management Group to finalise the individual Health Board scores that members have applied to the schemes. The summary of scores has shown variation across Health Boards in scoring patient risk for their respective population but this could be attributed to the mitigation that they have in place. Better understanding of this mitigation could allow best practice to be shared across Health Boards and further reduce the risk scores. This will be included in future Management Group workshops along with a review of the Provider risk scores submitted by the three Welsh provider Health Boards and the Commissioner scores provided by WHSSC.

3.1 Schemes from the Prioritisation process

Further information had been requested by Management Group on the schemes that had been considered through the Prioritisation process. In the June meeting the Acting Medical Director presented this information and Management Group representatives scored these schemes from a patient perspective. As a result of these discussions, funding was agreed for the following:

- Complex Obesity Surgery for post pubertal Paediatrics for severe obesity. Estimated number of eligible patients in Wales per annum is estimated to be 1-2 at a cost of £15,000 per patient.
- Use of Plerixafor for stem cell mobilisation in children and young people with Lymphoma and paediatric type solid tumours. Currently Plerixafor is commissioned for adults in Wales. Estimated number of eligible patients in Wales per annum is estimated to be 1-2 at a cost of £6,000 per patient. Three patients were funded for this through IPFR in 2016/17.
- Pasireotide for Cushings Disease which is caused by a tumour of the pituitary gland that secretes high level of adrenocorticotrophic hormone (ACTH). Estimated eligible number of patients in Wales is 1-2 per annum at an average cost of £12,500.

Further information was requested on two of the Prioritisation schemes – Rituximab and Minimally Invasive Mitral Valve Surgery, which will be brought to the July Management Group workshop.

4.0 Recommendations

Members are asked to:

- **Note** the progress made to date on implementing the ICP Risk Management Framework and the next steps for completion.
- **Approve** the commissioning of:



- Complex Obesity Surgery for Paediatrics
- The use of Plerixafor for Stem Cell mobilisation
- The use of Pasireotide for Cushings Disease

Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Implementation of the Plan Development of the Plan	
Link to Integrated Commissioning Plan	This paper outlines progress made to implement the Risk Framework outlined in the 2017-20 Integrated Commissioning Plan	
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Reduce inappropriate variation Care for Those with the greatest health need first Only do what is needed	
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Reducing the per capita cost of health care	
Organisational Implications		
Quality, Safety & Patient Experience	The report outlines how it will address the risks to Patient, Safety and Patient Experience through implementation of the Risk Management Framework.	
Resources Implications	There are no resource implications associated with this report.	
Risk and Assurance	The ICP Risk Management Framework is an assurance mechanism for managing the risks.	
Evidence Base	The paper references the use of Risk Registers from both WHSSC and Health Boards to inform the Risk Framework.	
Equality and Diversity	There are no equality and diversity implications associated with this report.	
Population Health	There are no additional implications for population health associated with this report.	
Legal Implications	There are no legal implications associated with this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Not applicable		



		Agenda Item	10
Meeting Title	Joint Committee	Meeting Date	25/07/2017
Report Title	Value Based Commissioning Progress Report		
Author (Job title)	Acting Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales		
Executive Lead (Job title)	Acting Managing Director, Specialised And Tertiary Services Commissioning	Public / In Committee	Public

Purpose	The purpose of this report is to provide the Members with an update on how the organisation is developing its approach to Value Based Commissioning as part of the implementation of the 2017/18 to 2019/20 IMTP.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Not applicable	Meeting Date	
		Meeting Date	
Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> Note the contents of this report. 		

Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓			✓		✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
		✓		✓				✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓		✓				✓

1.0 Situation

- 1.1 The purpose of this report is to provide the Members with an update on the progress in WHSSC developing its approach to Value Based Commissioning as part of the implementation of the 2017/18 to 2019/20 IMTP.

2.0 Background

- 2.1 The process to develop the IMTP for 2017/18 included consideration of how the principles of Value Based Healthcare could be incorporated into specialised commissioning.
- 2.2 WHSSC's approach has been discussed at a number of Management Group workshops held to support the development of the IMTP and been well received.
- 2.3 One of the principles of the approach is to prompt consideration of how all resources are currently being used and not just marginal investment or disinvestment.
- 2.4 The starting point highlighted in the annual plan is to create a framework to identify the opportunities that exist to add value across commissioning. This has been initially summarised into the following target areas for reviewing Technical Efficiency and Allocative Efficiency.

Figure 1 - Technical Efficiency

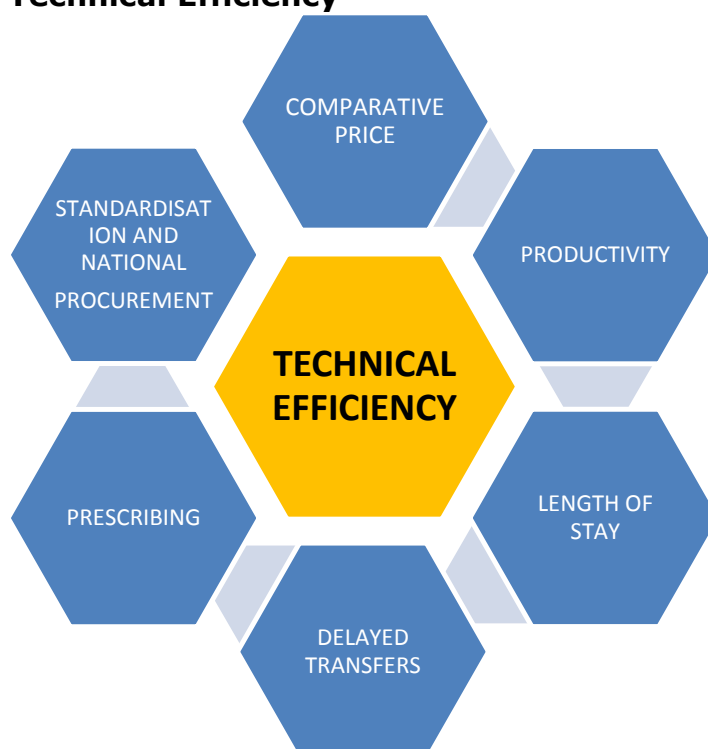


Figure 2 – Allocative Efficiency

- 2.5 The areas of opportunity highlighted above are complementary to the continued development of WHSSC's prioritisation processes which have been used to ensure that new investments and developments are rigorously scrutinised and prioritised.
- 2.6 The third component of the Value Based Commissioning programme will be to explore the area of **Patient Value** and how this can refine specialised commissioning. The plan is for this to be developed via WHSSC's programme teams and led by the new Associate Medical Directors working in close partnership with clinicians across WHSSC's providers and networks. The areas of focus will include:
- Review of access policies to include value of interventions to the patient.
 - Shared decision making – looking at the role of patient decision aids in specialised services.
 - Medicines management – ensuring continuous review of ability to benefit from high cost drug interventions.
 - Personalised medicine – ensuring the new opportunities from personalised medicine are optimised as part of the new strategy.
 - Applying the commissioning lessons from the development of patient reported outcomes and patient reported experience.

3.0 Implementation Action

- 3.1 The first stage has been to establish a Right Value Commissioning Working Group within WHSSC to provide a focal point for identifying opportunities

and issues that can be explored further. The terms of reference of this group are set out in Appendix A. Pending the appointment and start of WHSSC new Associate Medical Directors the Group started in the area of technical efficiency.

- 3.2 The group has met a number of times to develop an initial work programme and commence a series of reviews. The group started with high cost low volume targets or areas that could be amenable to change in the shorter term without adverse service impact. Examples include:
- New to Follow Up Ratios – a report has been prepared to analyse the new to follow up ratios experienced in NHS England referrals in order to benchmark expected speciality values and inform future contracting discussions.
 - IPFR Drug Cost Deep Dive – a detailed report examined all the drug costs being charged via the IPFR process. The purpose was to add a retrospective view to approvals that could be amenable to review. A summary is included in Appendix B for information with patient numbers removed in this version as the majority were for numbers less than 5. This cross section of expenditure totalled £20.898m.
 - IPFR Commitment Review – a report was produced examining IPFR commitments and expenditure in addition to the drug theme above. IPFR expenditure of £28m in total was reviewed.

4.0 RECOMMENDATIONS

- 4.1 Members are asked to:
- **Note** the contents of the report.

5.0 Annexes and Appendices

- 5.1 Appendix A – Terms of Reference
5.2 Appendix B – IPFR Drug Cost Analysis

Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance	
Link to Integrated Commissioning Plan	This report provides an update on key areas of work linked to Commissioning Plan deliverables.	
Health and Care Standards	Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Not applicable	
Institute for HealthCare Improvement Triple Aim	Not applicable	
Organisational Implications		
Quality, Safety & Patient Experience	The information summarised within this report reflect issues relating to quality of care, patient safety, and patient experience.	
Resources Implications	There is no direct resource impact from this report.	
Risk and Assurance	The information summarised within this report reflect financial, clinical and reputational risks. WHSSC has robust systems and processes in place to manage and mitigate these risks.	
Evidence Base	Not applicable	
Equality and Diversity	There are no specific implications relating to equality and diversity within this report.	
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.	
Legal Implications	There are no specific legal implications relating within this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Not applicable		

APPENDIX A

WHSSC – Right Value for Commissioning Working Group**Terms of Reference****1.0 Background**

In a challenging financial environment where Health Boards have to balance risks in context of financial positions, WHSSC recognises that resources for growth and development for the commissioning of specialist services is very limited. This was recognisable in the development of the 2017/20 IMTP process.

As a result, during the 2017/20 IMTP process, WHSSC launched its Right Value in commissioning strategy as an approach to maximising potential system wide efficiencies. This expands on the direction by which Health Boards are moving in terms of Value Based Healthcare and derivatives of that.

Therefore, a multi disciplined group has been set up to progress the Right Value strategy including representation from Medical, Planning, Individual Patient commissioning and Finance.

2.0 Purpose

The purpose of the group is to:

Develop a systematic approach to identify areas of opportunity that would benefit from a value based approach. The group should consider and develop appropriate 'tools' to assist in the identification of schemes that can be scrutinised by external stakeholders such as Management Group and Welsh Government.

Any approach should be clear and robust enough to test and ensure deliverability of value. In doing so, a set of criteria should be developed and limitations understood.

The group should explore opportunities and efficiencies which may or may not lead to:

- Disinvestments
- Recommendations to de-commissioning
- Allocative efficiency in a pathway approach
- Technical efficiency in cost/price reduction

In completing this project, consideration should be given to PREMS and PROMS framework developing across the NHS.

3.0 Objectives

- Develop systematic methods for identifying schemes that could be explored e.g. focussing on one Health Board, one provider or multiple Health Boards one provider etc.
- Develop a matrix tool that can be linked to commissioning teams as well as contracted providers that details areas of best value commissioning.
- To work up specific areas of work relating to specialist services that would benefit from a value based approach.

- Recognise and 'keep tab' on areas of priority that may identify further areas of work that would benefit from a value based approach.
- Prioritise and recommend areas of work that may lead to wider Health Board engagement and feed into the IMTP process.
- Review and collate data to undertake benchmarking exercises and look for opportunity to make efficiencies.
- Review and collate evidence to look for improvement in e.g. pathway redesign, health gains analysis.

4.0 Reporting Arrangements

The group will report directly to the WHSSC CDG.

Links will be developed with all relevant NHS working groups and projects.

5.0 Membership

The membership of the group should consist of:

WHSSC Assistant Director of Finance (Chair)

WHSSC Assistant Director of Planning

WHSSC Assistant Director of Evidence, Evaluation and Effectiveness

WHSSC IPC Manager

WHSSC Finance Manager – Financial Planning

WHSSC Administration Support

Appropriate deputies may be sent when members are unable to attend. These deputies must be briefed and provided with the documentation relevant to the meeting by the group member.

Other members of WHSSC staff will also be invited to attend dependent upon the policies on the agenda.

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6.0 Quorum

To be quorate 50% of the members must be present.

7.0 Frequency of Meeting

The group should schedule to meet once monthly.

Papers should be shared with member, 3 working days prior to the meeting.

APPENDIX B

IPFR Drug Expenditure Review 2016/17

Commissioning Team	Indications	Treatment	Sum of IPFR Approved Total Cost
Cancer, Blood & Plastics			
	Cancers & Tumours		
		Daratumumab	69,600
		Desferrioxamine	35,186
		Mifamurtide	96,000
		Ruxolitinib	1,800
		Sorafenib	3,500
		Zevalin Drug In Addition To BMT	9,972
	Cancers & Tumours Total		216,058
	Plastics		
		Bleomycin	7,400
	Plastics Total		7,400
Cancer, Blood & Plastics Total			223,458
Cardiac			
	Pulmonary Hypertension (PHT) - drugs		
		Illoprost	96
		PHT	6,080
		Sildenafil	305
		Pulmonary Hypertension (PHT) - drugs	1,879,839
	Pulmonary Hypertension (PHT) - drugs Total		1,886,320
Cardiac Total			1,886,320
Neurosciences & LTC			
	Endocrine, Nutrition & Metabolism		
		Pegvisomant	27,500
	Endocrine, Nutrition & Metabolism Total		27,500
	Immuno Drugs		
		(Gamunex)	25,000
		(Octagam)	24,000
		(Subgqm 40 Mls./week	12,000
		Alkaptonuri (Assessment)	15,000
		Alkaptonuria	75,000
		Anakinra (Behet's Disease)	8,800
		Botulinum Toxin Injection	348
		C1 Inhibitor Home Therapy	8,100
		Gammanorm	49,012
		Gammalex	4,500
		Hizentra	82,300
		Humira (Paediatric)	1,080
		Immuno Drugs	50,746
		Immuno Drugs (Hizentra)	5,500
		Immuno Drugs (Plus O P Ds and Blood Tests	15,000
		Immuno Drugs + Outpatient Appts	16,000
		Immunoglobulin Drug Therapy	93,771
		Immunology	322,116
		Immunology - Octagam	22,500
		Immunology (Gammanorm)	23,000
		Immunology (Hy Qvia 50 G)	33,000
		Immunology (Hyqvia)	11,500
		Immunology (Privigen)	12,000
		Imunoglobulin	97,663
		Privigen	15,000
		Voriconazole	30,000
	Immuno Drugs Total		1,052,936
	Neurosciences & LTC		
		Anakinra (Behet's Disease)	14,521
		Behcet's Disease	4,022
		Botox (BladderBotox and Ultrasound)	1,250
		Botox (Plus Ultrasound)	1,230
		Infiximab (Behcet's Syndrome)	19,000
	Neurosciences & LTC Total		40,023

Paed Neurosciences & LTC		
	Botox (paediatric)	10,000
	Botox Injections	1,500
	Immunology	4,648
	Intrathecal Baclofen	47,981
	Intrathecal Baclofen (Test Dose)	1,613
Paed Neurosciences & LTC Total		65,742
Women & Children		
	Multiple Sclerosis (Plegridy)	8,500
Women & Children Total		8,500
Muscular Dystrophy		
	Duchenne Muscular Dystrophy (Ataluren translarna)	200,000
Muscular Dystrophy Total		200,000
Neurosciences & LTC Total		1,394,702
Renal		
	Albumin	808
Renal Total		808
Renal Total		808
Unallocated Programmes		
Ecilizumab (A.H.U.S)		
	Ecilizumab (A.H.U.S)	1,116,240
Ecilizumab (A.H.U.S) Total		1,116,240
Eye/Vision		
	Adalimumab (Uveitis)	60,300
	Bevacizumab	1,274
	Ozurdex (implant for left eye)	1,044
Eye/Vision Total		62,618
Genetics		
	Morquio Syndrome/Vimizim	196,560
	Nitisinon for Tyrosinaemia	25,000
Genetics Total		221,560
Other		
	Behcet's Disease	1,800
	Rituximab	6,305
Other Total		8,105
PNH		
	Ecilizumab	6,035,450
PNH Total		6,035,450
Unallocated Programmes Total		7,443,973
Women & Children		
Enzyme Replacement Therapy		
	Cerezyme (with Homecare/Gaucher Disease)	618,901
	Fabrazyme	816,994
	Fabry Disease	166,000
	Fabry/Fabrazyme	143,938
	Fabry/Replagal	1,738,972
	Gaucher's / Cerezyme	559,032
	Gaucher's / Imiglucerase	631,522
	Gaucher's / Velaglucerase	77,780
	Gaucher's / Zavesca	154,642
	MPS 1 / Aldurazyme	244,244
	MPS 1 / Aldurazyme (Laronidase)	555,000
	Pompe / Myozyme	2,119,471
	Replagal	136,492
	VPRIV	124,000
Enzyme Replacement Therapy Total		8,086,988
Paed Cancer, Blood & Plastics		
	(weekly infusions of Factor 7) - indefinitely	58,240
	Bevacizumab (NF 2/Avastin)	32,922
	Brentuximab plus Bendamustine	40,000
	Dasatinib	18,286
	Drug Therapy (Anti GDS Antibody)	41,328
	Mifamurtide	191,700
	Plerixator	17,577
	Tacrolimus	4,003
Paed Cancer, Blood & Plastics Total		404,056
Paed Cardiac		
	Sildenafil	1,100
Paed Cardiac Total		1,100
Cystic Fibrosis		
	Cystic Fibrosis (Colistimethate Sodium Dpi)	125,556
	Cystic Fibrosis (Fosfomycin)	140
	Cystic Fibrosis (Inhaled Aztreonam Lysine)	683,713
	Cystic Fibrosis (Tobramycin)	103,104
	Cystic Fibrosis (Tobramycin) Tobi Podhaler)	12,888
	Cystic Fibrosis Treatment	134,194
	Cystic Fibrosis Treatment (Fosfomycin)	1,960
	Inhaled Aztreonam Lysine	31,414
	Ivacaftor	304,200
	Posaconazole	44,781
	Voriconazole	15,000
Cystic Fibrosis Total		1,456,951
Women & Children Total		9,949,095
Grand Total		20,898,355



		Agenda Item	11
Meeting Title	Joint Committee	Meeting Date	17/07/2017
Report Title	Inherited Bleeding Disorders (IBD)		
Author (Job title)	Specialised Planner – Cancer & Blood		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	Public

Purpose	The purpose of this paper is to provide a proposal outlining the management resource requirements and potential offsetting efficiency savings, to increase capacity within WHSSC to develop an all Wales commissioning strategy for IBD.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input type="checkbox"/>

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	17/07/2017
	Joint Committee	Meeting Date	27/06/2017
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the potential savings which would offset the resource required to increase WHSSC's commissioning capacity to develop a strategy for IBD to address the risks in the service. • Support the outlined proposal for an increase in commissioning capacity for this service on a spend to save basis. 		

Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓				✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
	✓			✓				✓

1.0 Situation

- 1.1 The purpose of this paper is to provide a proposal outlining the management resource requirements and potential offsetting efficiency savings, to increase capacity within WHSSC to develop an all Wales commissioning strategy for IBD.

2.0 Background

- 2.1 Although IBD is a specialised service, current arrangements for the commissioning of IBD services across Wales are fragmented and inconsistent. For example, while WHSSC holds funding for the blood products issued in Cardiff, funding for service delivery is held by Health Boards; in Swansea, funding for both blood products and service delivery is held by Health Boards. These arrangements make coherent planning and commissioning of the service difficult to achieve.
- 2.2 In June 2017, WHSSC Joint Committee received a paper which highlighted the continued patient and commissioner risks in the Inherited Bleeding Disorders (IBD) service. The Joint Committee was also advised that the WHSSC team was not fully assured that the current arrangements in place and actions being taken adequately addressed these risks. Options and recommendations to address the risks through aligning commissioning arrangements were provided.
- 2.3 The paper recommended that commissioning responsibility and funding was aligned under WHSSC to bring a single commissioner focus to the service.
- 2.4 However, it was identified that additional capacity would be required within WHSSC to lead the work on transfer of funding and the development of a commissioning strategy for IBD. It was noted that there are potential offsetting savings opportunities in the IBD service which include:
- Further repatriation of IBD services from Liverpool to BCUHB (saving in administration charges for blood products);
 - New contract for blood factor products and transfer of patients to long lasting products.
- 2.5 The Joint Committee supported the proposal in principle, subject to a summary proposal of the management resource requirements and indicative potential efficiency savings.

3.0 Assessment

- 3.1 It is estimated that the commissioning work to lead on developing the strategy, the transfer of resources to WHSSC and implementing key actions,

would require 0.5 of a band 7 assistant planner within the Cancer & Blood Commissioning Team.

3.2 Key objectives for the this assistant planner post are:

- to develop commissioning intentions and a commissioning strategy and for IBD services for the population of Wales;
- to lead work to transfer the full resources for the delivery of IBD services from Health Boards to WHSSC;
- to develop plans through the ICP process to address risks for IBD service currently identified on the WHSSC risk register and risk management framework.

3.3 Potential offsetting savings arise from 2 main sources: new contract for blood factor products and transfer of patients to long lasting products; savings in North Wales through repatriation.

3.4 Initial assessment of the cost advantages to NHS from prices available under the new contract for blood products indicates this is approximately £400K per annum for all of Wales (based equivalent utilisation at new prices).

3.5 IBD services for some adult patients in North Wales are provided by the Liverpool Royal Infirmary Haemophilia Comprehensive Care Centre. Charges made by Liverpool are determined by the amount of product issued to patients. However, administrative charges are also applied using a per unit formula. These administrative charges would be removed if clinically suitable patients were repatriated and prescribing undertaken in North Wales.

3.6 Additionally, charges are made against patient visits to Liverpool for out-patient and in-patient activity. There is potential for savings by repatriating clinically suitable patients from Liverpool at marginal cost with full cost savings under PbR tariff.

3.7 Preliminary indications suggest that the spend in Liverpool in administration charges on blood products is circa £100k per annum.

3.8 Table 1 summarises the indicative costs of additional commissioner resource required and potential offsetting savings. This indicates that the offsetting savings are expected to exceed the management costs.

Table 1: Proposal for additional commissioning resource to develop commissioning strategy for IBD

Additional management resource within WHSSC	
Band 7 Assistant Planner	<ul style="list-style-type: none"> • 0.5 WTE • c.£25k
Indicative savings	
Blood factor products (all Wales)	<ul style="list-style-type: none"> • £400K per annum
Repatriation (North Wales)	<ul style="list-style-type: none"> • Up to £140K per annum

4.0 Recommendations

4.1 Members are asked to:

- **Note** the potential savings which would offset the resource required to increase WHSSC's commissioning capacity to develop a strategy for IBD to address the risks in the service.
- **Support** the outlined proposal for an increase in commissioning capacity for this service on a spend to save basis.

5.0 Appendices / Annexes

5.1 There are no appendices or annexes included in this report.

Link to Healthcare Objectives		
Strategic Objective(s)	Implementation of the Plan	
Link to Integrated Commissioning Plan	Not applicable	
Health and Care Standards	Safe Care Effective Care	
Principles of Prudent Healthcare	Reduce inappropriate variation Care for Those with the greatest health need first	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction)	
Organisational Implications		
Quality, Safety & Patient Experience	Not applicable	
Resources Implications	Not applicable	
Risk and Assurance	Not applicable	
Evidence Base	Not applicable	
Equality and Diversity	No issues identified.	
Population Health	This paper concerns the health of people in Wales affected by Inherited Bleeding Disorders.	
Legal Implications	No issues identified.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	17/07/17	Supported paper to Joint Committee with minor modifications
Joint Committee	27/06/17	Supported in principle subject to a summary of the headline costs and savings on which the proposal is based
Corporate Directors Group Board	19/06/17	Supported updated paper to Joint Committee
Management Group	26/01/17	Funding for additional staff not supported



		Agenda Item	AOB
Meeting Title	Joint Committee	Meeting Date	25/07/2017
Report Title	An Overview of Paediatric Rheumatology Services in South Wales and recommended future actions		
Author (Job title)	Assistant Planning Manager/ Planning Manager (Women's & Children)		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	Public

Purpose	This paper describes the current service provision and referral process for Paediatric Rheumatology services in Wales. It also describes the services around the United Kingdom, the standards of care and provides benchmarking with particular regard to composition of a tertiary MDT. It also makes recommendations regarding future actions required to progress commissioning of this service			
RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Corporate Directors Group	Meeting Date	17/07/2017
		Meeting Date	
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • 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). • Approve: the recommendation to undertake a full review of Paediatric Rheumatology services in Wales in order to: <ul style="list-style-type: none"> ○ determine the population need; ○ identify a service model to meet need; ○ quantify the resource requirements to deliver the service. 		

Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓		✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓				✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
	✓			✓				✓

1.0 Situation

Paediatric Rheumatology is a specialised service; however whilst WHSSC commissions the service for North Wales from Alder Hey Children's Hospital, the services for South Wales are currently delivered within secondary care, and as such are effectively commissioned by the Health Boards.

WHSSC has recently been asked by Welsh Government to review the commissioning of Paediatric Rheumatology services and whether a tertiary service should be established in South Wales.

A report from the British Society for Rheumatology and the National Rheumatoid Arthritis Society in December 2016: *Rheumatology in Wales The State of Play*, brought attention to this issue by highlighting that Wales is the only country in the UK that does not have a tertiary Paediatric Rheumatology service. The report made the following recommendation-

'Welsh Health Specialised Services Committee (WHSSC) should collaborate with rheumatology services to formalise pathways and networks for each geographical area. Options explored should include hub and spoke models in addition to the development of specialist centres, such as Cardiff Children's Hospital becoming designated and resourced as a tertiary centre for paediatric rheumatology.'

Following the publication of the report a campaign has been launched in the third sector to support the creation of a tertiary Paediatric Rheumatology centre in South Wales.

2.0 Background

Paediatric Rheumatology is considered a subspecialty within Rheumatology with Juvenile Idiopathic Arthritis (JIA) being one of the most common conditions affecting one in a thousand children. JIA is an inflammatory condition of unknown cause which causes chronic arthritis in children and young people. In the United Kingdom, approximately 12,000 children (1 in 1,000), under the age of 16 have JIA, making this one of the most common causes of physical disability beginning during childhood.

<u>Estimated incidence of JIA</u>	% of Population <16 *	Estimated pop'n <16 *	Estimate incidence (10 per 10000) **
Betsi	16.7	115,928	116
Hywel Dda	15.8	60,822	61
Abertawe Bro Mor	16.4	85,569	86
Cardiff & Vale	17.4	83,624	84
Cwm Taf	17.5	51,680	52
Aneurin Bevan	17.5	101,287	101
Powys	15.2	20,180	20
All Wales	16.8	519,090	519

Data sources:

* 2014 Population Estimate Census 2011

** Centre for Musculoskeletal Research

The Rheumatology Service at the University Hospital of Wales is regarded as the tertiary centre for Paediatric Rheumatology in South Wales; however this is delivered on a part time basis by an Adult Rheumatologist with Special Interest, a Paediatrician with Special Interest and supported by a Clinical Nurse Specialist. This service is not commissioned by WHSSC and sustainability is a known risk due to potential retirement of the service lead.

The service in Cardiff provides an outreach clinic at the Royal Glamorgan Hospital for Cwm Taf patients. There is a physiotherapist with a specialist interest in paediatric rheumatology at the Royal Glamorgan Hospital.

A service is also offered within ABMUHB and this is supported by a visiting MDT from Bristol. Weekly clinics are held at Neath Port Talbot Hospital and Morriston Hospital led by a local Consultant Paediatrician with Special Interest. The service is supported by the visiting Bristol MDT which provides 4 sessions per year in Swansea, with 2 all day clinics every six months.

Hywel Dda operates clinics in Bronglais and Withybush hospitals.

Powys has no service with patients referred to Cardiff or Birmingham Childrens Hospital according to geographic location.

Aneurin Bevan refers patients to the Cardiff service.

Betsi Cadwaladr holds 12 clinics a year including 4 half day clinics by a visiting Paediatric Rheumatologist from Alderhey. The remaining clinics are held conducted by a Paediatric Consultant with Special Interest and a physiotherapist with Rheumatology interest.

2.1 Current Commissioning Arrangements

Although Paediatric Rheumatology is a specialised service, current arrangements for the commissioning of services for Welsh patients are fragmented and inconsistent. For example, while WHSSC commissions services from Alder Hey Children's Hospital for patients in North Wales, and Birmingham Women and Children's Foundation Trust for patients in Powys, the services delivered in South Wales are currently commissioned by Health Boards.

3.0 Tertiary Referral Pathway

The Rheumatology Service at the University Hospital of Wales is recognised as the tertiary centre for Paediatric Rheumatology in South Wales. Due to the limited nature of this service, referral to an alternative specialist provider is sometimes necessary. All such referrals are reviewed by the Consultant Rheumatologist and service lead who acts as a clinical gatekeeper on behalf

of WHSSC and is authorised to refer and commit WHSSC funding for treatment at preferred specialist centres outside Wales.

In the first instance patients with these conditions must have exhausted all levels of local services prior to referral to a specialist provider. The patient's clinician should then consult directly with the Consultant Rheumatologist. A decision will then be made as to whether referral to the specialist provider is appropriate, or whether the patient should be seen by the Rheumatology Service at the University Hospital of Wales or continue with local services. Only referrals managed through this system will be accepted by English Trusts and funded by WHSSC.

In exceptional cases applications for funding at a non-designated centre can be made to the WHSSC Individual Patient Management Department. SLA's are in place at:

- University Hospitals Bristol for; Juvenile Idiopathic Arthritis
- Birmingham Children's Hospital for; Juvenile Idiopathic Arthritis
- Great Ormond Street Hospital for Sick Children for; Juvenile Idiopathic Arthritis; Dermatomyositis; Vasculitis; Juvenile Connective Tissue Disease - Congenital or acquired

In addition there is a referral pathway to

- Royal National Hospital for Rheumatic Diseases, Bath for; Adolescent Pain Syndromes.

Please refer to appendix 1: Activity Tables

4.0 Paediatric Rheumatology Services around the UK

A comprehensive description of the commissioning of paediatric rheumatology throughout the UK can be found in the NRAS Report: A Focus on Juvenile Idiopathic Arthritis 2014 (3) and this is summarised below-

4.1 NHS England

There are currently 12 specialist Paediatric Rheumatology centres in England and population coverage is patchy. More centres are likely to evolve pending local populations, geography and local expertise.

4.2 NHS Scotland

Scottish Paediatric and Adolescent Rheumatology Network (SPARN) was designated as a National Managed Clinical Network (NMCN) in April 2009.

The remit of SPARN is to ensure that all children with rheumatic conditions are diagnosed promptly and managed appropriately. The care for children

with rheumatic conditions will be delivered by multidisciplinary local teams with input from paediatric rheumatologist at network clinics.

Please refer to appendix 2: SPARN

4.3 Health & Social Care Services in Northern Ireland

The specialist centre for Northern Ireland is based in Belfast and serves the total population of 1.8 million. There is a committed multidisciplinary team, all trained in Paediatric Rheumatology, supporting the Paediatric Rheumatologist who is employed in a 50% split role between the clinical service and 50% at the university. Although the service is not fully funded as a specialist centre, it is understood that the team will soon benefit from a second Paediatric Rheumatologist.

5.0 Standards of Care

There are a number of national standards and guidelines that relate to Paediatric Rheumatology. A full list can be accessed within the service specification for Paediatric Medicine: Rheumatology:

<https://www.england.nhs.uk/wp-content/uploads/2013/06/e03-paedi-medi-rheum.pdf> and on the BSPAR website: www.bspar.org.uk

The Arthritis and Musculoskeletal Alliance (ARMA) and the British Society for Paediatric and Adolescent Rheumatology (BSPAR) Standards of Care are considered to be the gold standard.

- The ARMA/BSPAR Standards of Care for Juvenile Idiopathic Arthritis (2010).

5.1 The MDT

The following summarises how the ARMA Standards of care for Children and Young People with Juvenile Idiopathic Arthritis 2010 describe the requirements for a tertiary service-

Core team	Extended team
• Paediatric rheumatologist	• Children's community nursing team,
• Ophthalmologist	• General practitioner
• Paediatric rheumatology CNS	• Health visitor or school nurse
• Paediatric physiotherapist	• Play specialist
• Paediatric clinical psychologist	• Youth worker
• Paediatric occupational therapist	• Special educational needs coordinator
• Podiatrist or orthotist	• Orthodontist
	• Maxillofacial surgeon
	• Orthopaedic surgeon
	• Endocrinologist
	• Social worker
	• Adult rheumatologist (for transition)

The extended team may work in conjunction with a Paediatrician with an interest in Paediatric Rheumatology or an adult Rheumatologist with an interest in Paediatric Rheumatology (operating within a formal Paediatric Rheumatology clinical network).

NRAS has estimated that the development of a fully resourced tertiary centre for Paediatric Rheumatology within Cardiff and Vale, would cost approximately £235,000, based on a service model of full MDT led by a Consultant Paediatrician. In Cardiff there is currently 0.25 full time equivalent of a Consultant Rheumatologist with a Paediatric interest and 0.5 of a Clinical Nurse Specialist, this translates to a day and a quarter/two and a half days respectively per week.

6.0 Benchmarking

It has been suggested that an appropriate benchmark would be the service in Oxford with rationale that populations served were broadly similar. In addition, also included below are the compositions of tertiary MDT's in Liverpool, Belfast, Scotland and Cardiff, the data is taken from 'A Focus on JIA' written by NRAS 2014.

UHW (Catchment 2 million)	WTE	Referral Required
Paediatric rheumatologist	N	
Ophthalmologist	N	Y
Paediatric rheumatology clinical nurse specialist 0.	0.6	
Paediatric physiotherapist	N	Y
Paediatric clinical psychologist	N	Y
Paediatric occupational therapist	N	Y
Podiatrist or orthotist	N	Y
Paediatrician with an interest in paediatric rheumatology	0.25	
Adult rheumatologist with interest in paed rheumatology	0.25	

NUFFIELD ORTHOPAEDIC CENTRE (Catchment 1.9 million)	WTE	Referral Required
Paediatric rheumatologist	1.0	
Ophthalmologist	0.1	
Paediatric rheumatology clinical nurse specialist	1.7	
Paediatric physiotherapist	2.0	
Paediatric clinical psychologist	0.8	
Paediatric occupational therapist	1.0	
Podiatrist or orthotist	N	Y
Paediatrician with an interest in paediatric rheumatology	0.1	
Adult rheumatologist with interest in paed rheumatology	0.1	

Alder Hey (catchment 7 million)	WTE	Referral Required
Paediatric rheumatologist	3.7	
Ophthalmologist	3	
Paediatric rheumatology clinical nurse specialist	1.5	
Paediatric physiotherapist	1.5	
Paediatric clinical psychologist	N	
Paediatric occupational therapist	N	
Podiatrist or orthotist	N	
Paediatrician with an interest in paediatric rheumatology	N	
Adult rheumatologist with interest in paed rheumatology	N	

Belfast Hospital Trust (1.8 million catchment)	WTE	Referral Required
Paediatric rheumatologist	0.5	
Ophthalmologist	0.25-0.5	
Paediatric rheumatology clinical nurse specialist	1	
Paediatric physiotherapist	0.5	
Paediatric clinical psychologist	N	
Paediatric occupational therapist	0.5	
Podiatrist or Orthotist	0.8	
Paediatrician with an interest in paediatric rheumatology	0.1	
Adult rheumatologist with interest in paed rheumatology	N	
Paediatric rheumatology nurse	N	

Glasgow and Edinburgh (catchment 5 million)	WTE	Referral Required
Paediatric rheumatologist	3.3	
Ophthalmologist	0.2	
Paediatric rheumatology clinical nurse specialist	2.7	
Paediatric physiotherapist	1.5	
Paediatric clinical psychologist	0.25	
Paediatric occupational therapist	1	
Podiatrist or orthotist	N	Y
Paediatrician with an interest in paediatric rheumatology	0.2	
Adult rheumatologist with interest in paed rheumatology	N	

As the tables above demonstrate, there is variation in the services that are provided around the UK; however South Wales is clearly an outlier in the limitation of the service provided. It is therefore proposed that a full service review be undertaken to determine the level of need in South Wales, an appropriate service model to meet this and the resource required to deliver this.

7.0 Service Review

The review will include:

- 7.1 Population need analysis; review of applicable Standards of Care, review of existing service, gap analysis
- 7.2 Based on the above, discussion with Health Boards to determine-
Service Model Options e.g.
 - Development of a specialised tertiary centre, with focus on patients being referred to this centre
 - Development of a specialised tertiary Centre delivering outreach clinics (hub and spoke) across the region
 - Development of local services rather than a designated tertiary centreService Delivery Options
 - Services to be provided e.g. would pain management remain as a tertiary referral to Bath or look to develop a full service in Wales
 - Composition of MDT
 - Location of services
 - Potential for nurse led clinics
 - Transition requirements to adult service
 - Interdependencies with other services
 - Hours of operation including access to 24/7 helpline
 - Scope of service and defined referral pathway for services outside of the delivery model (e.g. pain management)
 - Potential for services to be delivered by already established services e.g. Bristol
- 7.3 Recommendations for the future commissioning and provision of paediatric rheumatology services for South Wales.

8.0 Recommendations

Members are asked 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).

Approve: the recommendation to undertake a full review of Paediatric Rheumatology services in Wales in order to:

- determine the population need;
- identify a service model to meet need;
- quantify the resource requirements to deliver the service.

9.0 References

1. British Society for Paediatric and Adolescent Rheumatology. *Standards Of Care For Children And Young People With Juvenile Idiopathic Arthritis*. [Internet]British Society for Paediatric and Adolescent Rheumatology; 2009 [cited 2016 Nov 07]. Available from: http://www.rcpch.ac.uk/sites/default/files/asset_library/Research/Clinical%20Effectiveness/Practice%20Statements/BSPAR%20Standards%20of%20Care%20%20for%20JIA%202009.pdf
2. British Society for Rheumatology and the National Rheumatoid Arthritis Society: Rheumatology in Wales The State of Play. Available from: <http://www.nras.org.uk/data/files/Publications/BSR%20NRAS%20Wales%20Report%2016.pdf>
3. National Rheumatoid Arthritis Society: Focus on Juvenile Idiopathic Arthritis. Available from: <http://www.jia.org.uk/publications/a-focus-on-juvenile-idiopathic-arthritis-report>

10.0 Appendices

- Appendix 1: Activity Tables
- Appendix 2: Scottish Paediatric and Adolescent Rheumatology Network

Appendix 1: Activity Tables

Table 1. Paediatric Rheumatology Activity and Cost by English Provider and LHB

Provider	2014/15		2015/16		2016/17	
	Activity	Price Actual	Activity	Price Actual	Activity	Price Actual
Betsi Cadwaladr	151	£166,660.67	160	£181,668.31	137	£138,440.10
Hywel Dda	7	£2,206.09	35	£15,420.45	24	£9,810.69
Abertawe Bro Morgannwg	15	£6,155.80	26	£11,689.86	29	£12,658.89
Cardiff & Vale	6	£2,019.90	16	£4,252.46	18	£8,257.09
Cwm Taf	<5	£3,305.79	5	£1,234.61	8	£3,190.05
Aneurin Bevan	<5	£6,364.25	29	£17,105.41	26	£12,986.93
Powys Teaching	<5	£363.00	13	£5,764.86	18	£11,439.63

Table 2. Paediatric Rheumatology IPFR Approvals by LHB and Treatment Centre

	2014/15		2015/16		2016/17	
	Referrals	Approved Total Cost	Referrals	Approved Total Cost	Referrals	Approved Total Cost
Abertawe Bro Morgannwg	≤5	£14,799	≤5	£12,563	8	£44,324
Aneurin Bevan	≤5	£4,294	≤5	£18,038	0	£0
Cardiff & Vale University	≤5	£850	0	£0	≤5	£813
Cwm Taf	≤5	£1,684	≤5	£1,684	≤5	£29,280
Hywel Dda	≤5	£9,624	≤5	£10,475	≤5	£12,173
Grand Total	13	£31,251	14	£42,760	17	£86,589

Table 3: Paediatric Rheumatology Activity and Price by LHB (All English Providers)

LHB POD Description	2014/15		2015/16		2016/17	
	Activity	Price Actual	Activity	Price Actual	Activity	Price Actual
Betsi Cadwaladr	151	£166,660.67	160	£181,668.31	137	£138,440.10
Hywel Dda Local Health Board	7	£2,206.09	35	£15,420.45	24	£9,810.69
Abertawe Bro Morgannwg	15	£6,155.80	26	£11,689.86	29	£12,658.89
Cardiff & Vale	6	£2,019.90	16	£4,252.46	18	£8,257.09
Cwm Taf Local Health Board	<5	£3,305.79	5	£1,234.61	8	£3,190.05
Aneurin Bevan	<5	£6,364.25	29	£17,105.41	26	£12,986.93
Powys	<5	£363.00	13	£5,764.86	18	£11,439.63

Appendix 2: Scottish Paediatric and Adolescent Rheumatology Network

Website: <http://www.sparn.scot.nhs.uk/>

Standards of Care

SPARN has adopted the ARMA/BSPAR standards of care for the management of JIA with some minor modifications due to the fact that the health delivery system in Scotland is different.

Network Model

Hub and spoke with each region managing their own service, alongside regular network clinics when visiting paediatric rheumatologists attend from either Glasgow or Edinburgh.

SPARN Centres and Network Clinics	Clinic frequency per year	Specialist team attends network clinics	Referral and management to specialist centre
Lanarkshire	4 whole days	Y	y
Forth Valley	6 half days	Y	y
Ayrshire	6 whole days	Y	y
Western Isles	n/a	N	y
Dumfries & Galloway	4 whole days	Y	y
West Lothian	4 half days	Y	y
Borders	4 half days	Y	y
Fife	6 half days	Y	y
Clyde	4 half days	Y	y
Tayside	4 whole days	Y	y
Highland	4 whole days	Y	y
Grampian	12 whole days	Y	y
Source: A FOCUS ON JUVENILE IDIOPATHIC ARTHRITIS NRAS Feb 2014			

Link to Healthcare Objectives		
Strategic Objective(s)	Development of the Plan	
Link to Integrated Commissioning Plan	Paediatric Rheumatology is not included within the WHSSC Integrated Commissioning Plan	
Health and Care Standards	Effective Care Timely Care Staying Healthy	
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations	
Organisational Implications		
Quality, Safety & Patient Experience	Not applicable	
Resources Implications	Not applicable	
Risk and Assurance	Not applicable	
Evidence Base	Not applicable	
Equality and Diversity	No issues identified.	
Population Health	This paper concerns the health of children with Juvenile Idiopathic Arthritis.	
Legal Implications	No issues identified.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	17/07/2017	Submit to Joint Committee for consideration



		Agenda Item	12
Meeting Title	Joint Committee	Meeting Date	25/07/2017
Report Title	WHSSC Integrated Commissioning Plan (ICP) 2016-17 Closure Report		
Author (Job title)	Assistant Planning Manager (ADoP Team)		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	Public

Purpose	The Integrated Commissioning Plan (ICP) Closure Report summarises the progress and outcomes of the schemes approved in 2016-17.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	17/07/2017
		Meeting Date	
Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> • 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. 		

Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓			✓	
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓			✓			✓

1.0 Situation

The WHSSC Integrated Commissioning Plan (ICP) 2016-17 Closure Report:

- sets out the progress and outcomes against the delivery of the ICP schemes approved in 2016-17;
- highlights where further action is required for the schemes that have not been completed;
- summarises the key lessons learned.

The report is in line with WHSSC ICP Monitoring Reporting Framework and includes the following items at the year end position:

- The progress and delivery against the work plan schedule;
- Financial summary;
- The risk management summary.

The report provides Joint Committee with assurance that the ICP 2016-17 delivery plan is being monitored in line with the agreed reporting framework. Where schemes have not been delivered or are reported as being off track, they will continue to be monitored and risk managed as part of the 2018-21 ICP.

2.0 Background

Each year WHSSC is required to develop a three year Integrated Commissioning Plan (ICP) for the delivery of safe, effective and sustainable specialised services for Wales. The 2016-19 ICP was the third plan to be produced by WHSSC and was developed in partnership with the seven Health Boards. The 2016-19 ICP was approved by Joint Committee in March 2016.

The development of the ICP was undertaken in conjunction with the Health Boards using a robust risk assessment model. This process reflected a commissioner-led approach and was used to develop the Management Group's recommendations regarding the financial impact of the ICP. During the six Management Group workshops which took place from October 2015 - March 2016, schemes were risk-rated as follows:

1. Black – schemes where the expenditure had previously been committed and agreed by Joint Committee;
2. Red – schemes prioritised on the basis of significant clinical and strategic risk with required investment;
3. Amber – schemes identified as having a moderate or higher service or financial risk by Management Group;
4. Green - schemes determined as having a low service or financial risk by Management Group; and
5. Purple – schemes determined as not having a service or financial impact by Management Group.

These schemes were supported to be funded in 2016-17 following business case scrutiny. Schemes rated Green and Purple were not supported in 2016-17 and these have been considered in the development of the ICP for 2017-20. Schemes were included from the following WHSSC commissioning portfolios: Women and Children, Neurosciences and Long Term Conditions, Cardiac, Cancer and Blood, Renal and Mental Health.

The Integrated Commissioning Plan Monitoring Framework (approved by Management Group in August 2015) included the monitoring arrangements for the delivery of schemes in the ICP.

Delivery of the ICP 2016-17 was closely monitored and this included the submission of monthly monitoring reports to the Corporate Directors Group (CDG) and Management Group (MG).

Planners were asked to review progress and report outcomes on a monthly basis for each scheme included for delivery in the ICP 2016-17 for their Programme Areas to inform the closing process of the ICP.

3.0 Assessment

3.1 Work Plan

Following the approval of the ICP at the March 2016 meeting of the Joint Committee, the monitoring framework was implemented to measure the progress of schemes scheduled to be completed over the twelve months.

The position at the yearend assessment of the delivery of the ICP 2016-17 is as follows:

- **62** schemes were delivered in the 2016-17 ICP (Table 1) – schemes that have been recorded as completed are for the delivery of the WHSSC product requirement, for example a funding release proforma. Ongoing monitoring of the implementation of these investments will be required.
- **75** schemes were recorded as either 'In Progress' or 'Not Commenced' (Table 2)
 - 9 of these schemes were reported as 'On Track'; and
 - 66 of these schemes were reported as 'Off Track'.

For the schemes that have not been completed in 2016-17:

- They have been considered for delivery in the 2017-20 workplan and will be prioritised in line with the ICP 2017-18 commissioning priorities; and
- Are being monitored and risk managed as part of the ongoing ICP planning process.

Table 1 - ICP 2016-17 Completed Schemes

*The schemes that have been recorded as completed are for the delivery of the WHSSC product requirement, for example a funding release proforma.

Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
ICP16-048	Neurological and Complex Conditions	Prosthesis service - prosthetics for war veterans	Requirement to sustain performance and the achievement of delivery.	Funding Release Proforma	Completed	Funding release approved in July 2016 and letter sent to C&V UHB. Service has been unable to recruit to all posts and recruitment for these specialist staff continues.
ICP16-110	Women and Children	Cystic fibrosis	Use of Ivacaftor for indication.	Funding Release Proforma	Completed	3 patients identified in South Wales paediatric and adult population.
ICP16-114	Women and Children	Sapropterin	NICE: Not on their proposed list of TAs or HSTs. England: Commissioning Policy in England (The use of Sapropterin in Children Reference: E06/P/a, published July 2015) - NHS England will not routinely commission sapropterin for children with Phenylketonuria.	Funding Release Proforma	Completed	Not endorsed at AWMSG in November 2015.

Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
ICP16-120	Cancer and Blood	Malignant Melanoma	<p>Published NICE TAs:</p> <p>1. TA357 – published October 2015. Pembrolizumab is recommended as an option for treating advanced (unresectable or metastatic) melanoma in adults only:</p> <ul style="list-style-type: none"> • after the disease has progressed with ipilimumab and, for BRAF V600 mutation positive disease, a BRAF or MEK inhibitor and • when the company provides pembrolizumab with the discount agreed in the patient access scheme. <p>2. TA366 – published November 2015 Pembrolizumab is recommended as an option for treating advanced (unresectable or metastatic) melanoma that has not been previously treated with ipilimumab, in adults, only when the company provides pembrolizumab with the discount agreed.</p>	Contractual Allocation	Completed	

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Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
ICP16-124	Cancer and Blood	Susoctocog	Background: AWMSG and NICE: Not referenced on AWMSG or NICE website. [Was referenced in last years' WHSSC Horizon scanning document as an AWMSG pending approval]. Baxalta (manufacturer) gained EU marketing authorization in November 2015. WHSSC has also taken advice from Dr Peter Collins, Consultant Haematologist at Cardiff Centre on patient numbers and treatment pathway - which indicated drug is currently going through UK national tender to determine unit price.	Contractual Allocation	Completed	Advice from the Medical Directorate that this drug has not been evaluated by NICE or AWMSG. Currently, the drug is not scheduled for evaluation by NICE or AWMSG.

Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
ICP16-125	Women and Children	Elosulfase Alfa	NICE (HST): Elosulfase alfa, within its marketing authorisation, is recommended for funding for treating mucopolysaccharidosis type IVa (MPS IVa) according to the conditions in the managed access agreement for elosulfase alfa. Published December 2015. Ministerial Announcement - drug available in Wales – 16 th March 2016.	Funding Release Proforma	Completed	Fully implemented.

Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
ICP16-126	Neurological and Complex Conditions	Ataluren NS DMD	NICE (HST): Ataluren, within its marketing authorisation, is recommended for treating Duchenne muscular dystrophy resulting from a nonsense mutation in the dystrophin gene in people aged 5 years and older who can walk, only when: the company provides Ataluren with the discount agreed in the patient access scheme; the conditions under which Ataluren is made available are set out in a managed access agreement between the company and NHS England, which should include the conditions set out in sections 5.12–5.15 of this guidance. Expected publication date July 2016.	Funding Release Proforma	Completed	The policy has been approved by Management Group and is published on the WHSSC website.

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Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
ICP16-001	Cancer and Blood	Thoracic surgery	To commission sufficient surgery, at full cost, to achieve the 2012 LUCADA upper quartile resection rate for Wales.	Funding Release Proforma	Completed	Implementation plans have been received in November 2016 from both ABMUHB and C&VUHB.
ICP16-050	Women and Children	Fetal cardiology	Service poses a quality and sustainability concern. Currently failing to meet the NHS England CHD standards.	Funding Release Proforma	Completed	Funding release letter sent out in July 2016, implementation plan received from C&VUHB for full implementation by the end of December 2016.

Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
ICP16-003	Cancer and Blood	Neuroendocrine Tumours (NETs)	To commission the service model agreed by the NETs Task and Finish Group.	Funding Release Proforma	Completed	The funding release for Phase 1 investment was considered by Management Group in October 2016 and approved. Further work will need to be undertaken to develop the second phase of the business case to support the advancement of the service. An implementation and evaluation group will be created to oversee this work as well as monitoring progress and examining the outcomes of the first phase. The group will also ensure that recommendations from the task and finish group have been met and this will include the agreement of an All Wales policy for Somatostatin Analogue which remains outstanding. Funding release letters sent.

Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
ICP16-053	Women and Children	Paediatric surgery	Sustainability concerns as there are workforce issues with the middle grades within Paediatric Surgery - Deanery. Increased capacity at the UHB is required to meet backlog, recurrent demand and capacity gap impacting recurrent financial requirements.	Funding Release Proforma	Completed	Health Board appointing at risk and backfilling lists from April 2016. Funding release approved by Management Group in July 2016, implementation is now being monitored against agreed waiting list profile.
ICP16-081	Women and Children	BAHAs and Cochlears	Performance management of growth in the service in North Wales ***Awaiting proforma / risk register / demand and capacity information for further consideration.	Funding Release Proforma	Completed	Funding release approved at the August Management Group and the letter sent to BCUHB.
ICP16-047	Neurological and Complex Conditions	Posture and Mobility	To manage growth in the volume of wheelchair issues and to achieve the current delivery measures. ***Further information required from the provider to RAG-rate the issues (2015-16 Green scheme).	Funding Release Proforma	Completed	Funding release was approved in December 2016, and the funding release letter has been sent to the service.

Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
ICP16-004	Cancer and Blood	BMT Phase 3	To commission a sustainable BMT service in South Wales.	Funding Release Proforma	Completed	There has been a stream of planning and commissioning work over the last few years which has resulted in a three year phased approach to making the service sustainable and to be able to cope with the increasing demand. The funding release for Phase 3 was considered by Management Group in November 2016 and approved. Funding release letter has been sent to C&VUHB.

Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
ICP16-009	Cancer and Blood	PET-CT	To revise the PET Policy on an annual basis to ensure equitable services with England and to contribute towards improving cancer outcomes in Wales.	Funding Release Proforma	Completed	The PET-CT policy was first published in 2013, and was revised in 2015 to ensure it contained the most up to date evidence-based guidance. The revisions to the policy help to ensure that there is an equitable commissioning position within NHS Wales compared to the rest of the UK, facilitated by the increased number of indications routinely funded.
ICP16-052	Women and Children	Paediatric Cardiology RTT	Increased capacity at the UHB is required to meet backlog, recurrent demand and capacity gap impacting recurrent financial requirements.	Funding Release Proforma	Completed	Funding release letter sent out in July 2016, implementation plan received from C&VUHB.

Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
ICP16-028	Cancer and Blood	Liver ablation	US/RF Liver ablation service to include microwave ablations service.	Funding Release Proforma	Completed	The funding release was considered by Management Group in December 2016 and approved. Response and clarification of the scheme required from Provider Health Board before funding release can be progressed.
ICP16-055	Women and Children	Genetics	To commission UKGTN tests approved 2015-16 for commissioning in 2016-17.	Funding Release Proforma	Completed	Funding release proforma approved in October 2016, and the funding release letter has been sent to C&VUHB.
ICP16-056	Women and Children	Genetics	Stratified medicine tests.	Funding Release Proforma	Completed	Funding release proforma approved in October 2016, funding release letter has been sent to C&VUHB.
ICP16-021	Cancer and Blood	Plastic Surgery	LVA service is funded by Welsh Government.	Funding Release Proforma	Completed	The paper was considered by Management Group and they supported the extension of the trial period, but did not approve changes to the commissioning policy.

Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
ICP16-038	Neurological and Complex Conditions	Neurovascular	To commission a sustainable neurovascular service in South Wales.	Funding Release Proforma	Completed	Funding release was approved in December 2016, and the funding release letter sent. Locum Consultant in post since September 2016, this post was substantively recruited to at the beginning of March.
ICP16-040	Neurological and Complex Conditions	Neuropathology	To commission a sustainable Neuropathology Service.	Funding Release Proforma	Completed	C&VUHB have formalised links with Bristol and recently appointed a second Pathologist.
ICP16-041	Neurological and Complex Conditions	Neurosurgery	To commission a sustainable Neurosurgery service in South Wales. Deanery changes to medical workforce would leave the service vulnerable with minimal cover overnight and leave the on call unsustainable. Insufficient theatre capacity for higher surgical training could also result in a loss of training numbers.	Funding Release Proforma	Completed	Funding release was approved in December 2016, and the funding release letter sent.

Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
ICP16-039	Neurological and Complex Conditions	Interventional neuroradiology	Phase 2 - To commission a sustainable Interventional Radiology Service.	Funding Release Proforma	Completed	Funding release was approved in December 2016, and the funding release letter sent.
ICP16-058	Women and Children	NICU	To increase NICU capacity ***Implement the neonatal service model agreed for South and Mid Wales as part of the South Wales Plan (2015-16 Green schemes).	Funding Release Proforma	Completed	To be managed through Risk Management Strategy pending decision of Joint Committee. Confirmed with C&VUHB that this scheme is no longer required.
ICP16-043	Neurological and Complex Conditions	Clinical Immunology	The service continues to grow and the UHB is keen to discuss the resource implications of this for 2016-17.	Funding Release Proforma	Completed	Funding release was approved in December 2016, and the funding release letter sent.
ICP16-065	Cancer & Blood	Interstitial Lung Disease (ILD)	The National Respiratory Delivery Plan Implementation Group has indicated a willingness to pump prime the development on confirmation of WHSSC's future commissioning intentions. This should be included in the ICP.	Funding Release Proforma	Completed	Funded by RHIG. Confirmation received from C&VUHB that the MDT is in place.

Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
ICP16-066	Women and Children	Cleft Lip and Palate Service	Improve infrastructure within cleft lip and palate service in order to meet national standards ***Further scoping required. ABMUHB to advise. Possible equity issue for patients in North Wales (2015-16 Green scheme).	Funding Release Proforma	Completed	To be managed through the Risk Management Strategy pending a decision of Joint Committee. SBAR provided by the service but currently awaiting Executive approval from within ABMUHB. Funding release was taken to Management Group in November and was not approved. This will be considered again through 2017-18 ICP planning process.
ICP16-069	Mental Health	High Secure	Expand the gate keeping role to include clinical case monitoring for all patients in independent sector placements.	Funding Release Proforma	Completed	Funding release letters have been sent to ABM/BC UHBs.
ICP16-070	Mental Health	Medium Secure - patients with learning disabilities	Expand gate keeping role to include clinical case monitoring for all patients in independent sector placements.	Funding Release Proforma	Completed	Funding release letters have been sent to ABM/BC UHBs.
WHSSC Scheme	Cancer and Blood	68-gallium DOTATE scanning for the Management of Neuroendocrine Tumours (NETs)	Specialised Services Policy Review.	New Policy	Completed	Policy and funding release agreed.

Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
WHSSC Scheme	Cancer and Blood	Radiolabelled Therapy for the Treatment of Neuroendocrine Tumours (NETs)	Specialised Services Policy Review.	New Policy	Completed	Policy and funding release agreed.
WHSSC Scheme	Cancer and Blood	PET-CT	Audit day.	Audit Day	Completed	Audit day took place on the 20 th January 2017.
WHSSC Scheme	Cancer and Blood	Inherited Bleeding Disorders	Audit day.	Audit Day	Completed	Audit day took place on the 6 th July 2016.
WHSSC Scheme	Cancer and Blood	BMT	Audit day.	Audit Day	Completed	Audit day took place on the 15 th November 2016.
WHSSC Scheme	Cancer and Blood	Thoracic Surgery	Audit day.	Audit Day	Completed	Audit day took place on the 14 th October 2016.
WHSSC Scheme	Women and Children	Fertility Specialist Services for Welsh Residents	Specialised Services Policy Review.	New Policy	Completed	Updated policy published in January 2017.
WHSSC Scheme	Cardiac	Cardiac	Audit day.	Audit Day	Completed	Audit day took place on the 16 th November 2016.
WHSSC Scheme	Cancer and Blood	Bariatric Surgery	Audit day.	Audit Day	Completed	Audit day took place on the 17 th May 2016.
Transfer of Services	Mental Health	CAMHS CITT (Cardiff and CTUHB)	Transfer out of WHSSC.	Service Transfer	Completed	Funding transferred to LHB.
WHSSC Scheme	Mental Health	CAMHS Best Practice Day	Audit day.	Audit Day	Completed	Audit day took place on the 20 th January 2017 and was led by the Network.

Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
WHSSC Scheme	Mental Health	Tier 4 Adult Eating Disorders	Audit day.	Audit Day	Completed	Initial meeting held to review 2015-16 data. To be repeated with 2016-17 data as soon as possible.
WHSSC Scheme	Neurological and Complex Conditions	All Wales Posture and Mobility Services	Service Specification Review.	Policy (Review)	Completed	Completed and published. Available on the WHSSC website.
Transfer of Services	Neurological and Complex Conditions	Communication Aids	Funding from Welsh Government specifically for creation of hub for AAC based in C&VUHB.	Contractual Allocation	Completed	Funding for the project agreed to be carried forward for two years.
WHSSC Scheme	Neurological and Complex Conditions	Posture and Mobility	Audit day.	Audit Day	Completed	Audit day took place in June 2016.
WHSSC Scheme	Neurological and Complex Conditions	Prosthetics and Rehabilitation	Audit day.	Audit Day	Completed	Audit day took place in June 2016.
WHSSC Scheme	Neurological and Complex Conditions	Specialised Rehabilitation: - Neuropsychiatry - Neuro rehabilitation - Spinal injuries rehabilitation	Audit day.	Audit Day	Completed	Audit day took place on the 30 th November 2016.
WHSSC Scheme	Women and Children	Ivacaftor (Kalydeco) for G551D Cystic Fibrosis	Clinical Access Policy Review.	New Policy	Completed	Completed on the 21 st June 2016 by the Medical Directorate.
Transfer of Services	Women and Children	NICU/SCBU	Service Transfer.	Service Transfer	Completed	Implemented in December 2016.

Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
Transfer of Services	Women and Children	Paediatric Scoliosis	Transfer into WHSSC.	Service Transfer	Completed	Bristol were informed in an SLA meeting in December 2015 that WHSSC do not fund these services and this would be actioned from April 2016.
Transfer of Services	Women and Children	Paediatric ENT	Transfer into WHSSC.	Service Transfer	Completed	Bristol were informed in an SLA meeting in December 2015 that WHSSC do not fund these services and this would be actioned from April 2016.
WHSSC Scheme	Women and Children	IVF	Audit day.	Audit Day	Completed	Audit day took place on the 21 st September 2016.
WHSSC Scheme	Women and Children	Neonatal	Audit day.	Audit Day	Completed	Audit day took place on the 12 th October 2016.
WHSSC Scheme	Women and Children	Paediatric Cardiology	Audit day.	Audit Day	Completed	Audit day took place in 10 th January 2017.
WHSSC Scheme	Women and Children	Inherited Metabolic Disease	Audit day.	Audit Day	Completed	Audit day took on the 5 th October 2016.
WHSSC Scheme	Women and Children	Congenital Heart Disease	Audit day.	Audit Day	Completed	Audit day took place on the 10 th January 2017.

Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
Collective Commissioning	Cardiac	Cardiac MRI	Advice and support.	Collective Commissioning	Completed	Policy and Service Specification complete, Cardiac Network now supporting regional planning for implementation of plans.
WHSSC Scheme	Cancer and Blood	Low Dose Brachytherapy in the Treatment of Localised Prostate Cancer	Specialised Services Policy Review.	New Policy	Completed	Included in first group of policies for review (identified as not requiring significant change). Decision taken in Policies & Service Specification Group to extend date of review. Updated on WHSSC website.
Collective Commissioning	Neurological and Complex Conditions	Specialist Respiratory Disease	Type of Collective Commissioning to be confirmed.	Collective Commissioning	Completed	Interstitial Lung Disease is now setup in Cardiff for the South Wales Region.
Transfer of Services	Cardiac	Cardiology	Transfer out of WHSSC.	Service Transfer	Completed	Completed in February 2017.
WHSSC scheme	Cancer & Blood	Blood and Marrow Transplantation	Specialised Services Policy Review.	Policy (Review)	Completed	Decision taken in Policies and Service Specification Group to remove the policy from the WHSSC website and refer to the National Guidelines instead.

Planning ref & scheme category	Programme Team	Service Area	Summary	WHSSC Product	Progress (Completed/ On track / Off track)	Comments
Transfer of Services	Neurological and Complex Conditions	Immunology	Transfer into WHSSC.	Service Transfer	Completed	Funding for Immunology has been transferred from the Health Boards.

Table 2 - ICP 2016-17 On Track and Off Track Schemes

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
ICP16-030	Cancer and Blood	Bariatric Surgery Phase 2	Bariatric surgery is provided for the population of South Wales by ABMUHB. Joint Committee has agreed to the 5 year phased commissioning plan to increase access up to the clinically recommended level. ***Agreed to put back for consideration (2015/16 Green scheme).	Off Track - Provider Level, resource constraints.	Agreed as 2015-16 development. Capacity is not available to implement in 2016-17. This scheme will not be achieved. WHSSC has written to ABMUHB to confirm its intention to undertake a tender process for the future bariatric surgery service in South Wales. The service specification is being developed to underpin the tender process. It is anticipated that the specification will be finalised in the first quarter 2017-18 and the tender conducted in the Autumn 2017.
ICP16-042	Neurological and Complex Conditions	Communication Aids	An extension to the evaluation period was supported by Joint Committee in September 2016. The evaluation is going to Joint Committee in September 2017.	On Track	An extension to the evaluation period was supported by Joint Committee in September 2016. The evaluation is going to Joint Committee in September 2017.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed / On track / Off track)	Comments
ICP16-127	Women and Children	Sebelipase Alfa - LAL	NICE (HST): After the second evaluation consultation NICE has issued the following advice: Sebelipase alfa is a potentially life-saving treatment for babies with rapidly progressive LAL deficiency, and there is a compelling clinical need. However, the committee was unable to reach a conclusion on the value for money offered by the company's managed access proposal because no associated estimates of costs and benefits were supplied by the company. The committee is therefore minded not to recommend sebelipase alfa for treating lysosomal acid lipase deficiency. The committee recommends that NICE requests further clarification from the company, which should include: updated budget impact and cost-consequence analyses using the list price to show the impact of the committee's preferred cost-consequence and budget impact modelling assumptions; updated budget impact and cost consequence analyses to show the impact of the managed access proposal including the committee's preferred cost-consequence and budget impact modelling assumptions, and any financial arrangements that would reduce the cost to the NHS; separate budget impact and cost-consequence analyses for each patient group if the managed access proposal has different criteria for different patient groups. Expected publication date to be confirmed.	On Track	Guidance was issued for a second consultation in April and May 2016 followed by Committee meeting 3 in July 2016. Final Appraisal Determination (FAD) sent for consultation in February 2017 - this did not recommend this treatment. Final outcome awaited - Target date to be confirmed. On track working inline with NICE timeline.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed / On track / Off track)	Comments
ICP16-128	Women and Children	Asfotase Alfa - HPP	NICE (HST): After the first evaluation consultation NICE has issued the following advice: Asfotase alfa is not recommended, within its marketing authorisation, for long-term enzyme replacement therapy in paediatric-onset hypophosphatasia to treat the bone manifestations of the disease. Expected publication date to be confirmed.	On Track	No confirmed dates have been confirmed for the future committee meetings or a second consultation - or publication of the Final Appraisal Determination (FAD) - expected publication is the 3 rd of August 2017.
ICP16-131	Women and Children	BAHAs and Cochlears	Take steps to implement the centralisation of services at the University Health Board.	Off Track - WHSSC Level, staffing and timeline for delivery.	Met with C&VUHB, they are keen to progress. Meeting with ABMUHB, they accept the principle of centralisation but question the decision making around Cardiff being the preferred site. Each centre has provided a summary of the position against BCIG standards. The service specification has been drafted to support future work, now deferred until 2017-18. Has been considered as part of the work plan prioritisation under the risk management framework.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
ICP16-008	Cancer and Blood	Haemophilia	To commission long lasting blood factors when they come to the market via the UK procurement exercise in September 2016.	On Track	To monitor savings through improved contract prices and transfer of patients to long lasting products. WHSSC will continue to monitor the savings from the new improved contract and the transfer of patients to the long lasting products.
ICP16-034	Women and Children	ACHD	Repatriation to the North Wales service from Trusts in England.	Off Track - Provider Level, timeline for delivery.	BCUHB is taking this forward, and the repatriation of patients is under way. Figures are being collated to determine the patient numbers.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
ICP16-064	Women and Children	BAHAs and Cochlears	Management of increasing growth in demand.	Off Track – WHSSC Level, timeline for delivery.	The funding release proforma was discussed at Management Group in August 2016. C&VUHB requested to review the contract model for additional activity. C&VUHB have responded to say that this cannot be done in this financial year. Further correspondence to C&VUHB requesting that this be re-considered so that the required activity can be delivered within the available resource. Agreement now reached with C&VUHB, funding approved non-recurrently for 2016-17 and an updated funding release with value for money assessment and demand and capacity modelling to be taken to Management Group in June 2017 for recurrent approval.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
ICP16-029	Cancer and Blood	Bariatric Surgery Phase 3	To implement phase 3 of the bariatric surgery 5 year phased growth plan for all Wales.	Off Track - Provider Level, resource constraints.	<p>Agreed as 2015-16 development. There was no capacity available to implement in 2016-17. This scheme will not be achieved.</p> <p>WHSSC has written to ABMUHB to confirm its intention to undertake a tender process for the future bariatric surgery service in South Wales. The service specification is being developed to underpin the tender process. It is anticipated that the specification will be finalised in the first quarter 2017-18 and the tender conducted in the Autumn 2017.</p>
ICP16-031	Cardiac	Cardiac ablation (AF and VT) - Expansion of EP services	To increase access to atrial fibrillation (AF) and ventricular fibrillation (VF) for patients from Mid & West Wales at ABMUHB.	Off Track - WHSSC Level, funding.	Proposal submitted as part of the 2017-18 ICP prioritisation process, scored as high priority by CIAG, funding was not approved.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
ICP16-032	Cardiac	Cardiac ablation (AF)	To increase access to atrial fibrillation (AF) ablation at C&VUHB.	Off Track - WHSSC Level, funding.	Proposal submitted as part of the 2017-18 ICP prioritisation process, scored as high priority by CIAG, funding was not approved.
ICP16-016	Cancer and Blood	Endobronchial Valve Replacement (EBVR)	To commission sufficient surgery to meet RTT targets.	Off track - Provider Level, funding.	Not taken forward as a scheme. Resolved through the thoracic surgery contract with C&VUHB.
ICP16-130	Cancer and Blood	Plastic Surgery	Evaluation and recommendations for future funding of Lymphovenous Anastomosis (LVA) service.	On Track	Evaluation of the first 12 months to include a policy review. There was indication that one of the criteria in the policy may require amendment (2 episodes of cellulites in 12 months) to ensure sufficient eligible patients for screening. The paper was considered by Management Group and they supported extension of the trial period, but did not approve changes to the commissioning policy.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
ICP16-051	Women and Children	Fetal Medicine	Service poses a quality and sustainability concern. Concerns have been raised by the service itself, other Health Boards and Public Health Wales as to how the service is delivered. ***Lack of Fetal Brain MRI provision in South and Mid Wales (2015-16 Green scheme).	Off Track -WHSSC Level, funding.	Agreed with C&VUHB that this was not a priority for 2016-17, to be taken forward as part of 2017-18 planning. Proposal submitted for consideration as part of ICP process but funding was not approved.
ICP16-117	Cancer and Blood	Proton Beam Therapy - Child	NHS England's Commissioning Policies are currently used by the UK-wide National Proton Clinical Reference Panel to make recommendations for the clinical suitability of Welsh patients to access Proton Beam Therapy (PBT). WHSSC needs to review its commissioning position for PBT and produce revised, up to date commissioning policies for people in Wales.	On Track	Assessed in 2017-18 by the Prioritisation Panel. Ongoing Risk Management monitoring required. The policies have been drafted and will be out for consultation in the first quarter 2017-18.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
ICP16-118	Cancer and Blood	Proton Beam Therapy - TYP	NHS England's Commissioning Policies are currently used by the UK-wide National Proton Clinical Reference Panel to make recommendations for the clinical suitability of Welsh patients to access Proton Beam Therapy (PBT). WHSSC needs to review its commissioning position for PBT and produce revised, up to date commissioning policies for people in Wales.	On Track	Assessed in 2017-18 by the Prioritisation Panel. Ongoing Risk Management monitoring required. The policies have been drafted and will be out for consultation in the first quarter 2017-18.
ICP16-084	Women and Children	Paediatric Cardiology	Ensure that the service meets the NHS England CHD standards - as the service is part of a network with Bristol. Also, outpatient component gap for this service and the consultant base is short on sessional time to support activities. This poses a risk to delivery and sustainability.	Off Track	To be managed through the Risk Management Strategy pending a decision of Joint Committee. CHD service specification currently being drafted. Self assessment already circulated by CHD Network and Welsh service providers to return, this will help to identify gaps in the services across South Wales.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
ICP16-119	Cancer & Blood	Proton Beam Therapy - Adult	NHS England's Commissioning Policies are currently used by the UK-wide National Proton Clinical Reference Panel to make recommendations for the clinical suitability of Welsh patients to access Proton Beam Therapy (PBT). WHSSC needs to review its commissioning position for PBT and produce revised, up to date commissioning policies for people in Wales.	On Track	Assessed in 2017-18 by the Prioritisation Panel. Ongoing Risk Management monitoring required. The policies have been drafted and will be out for consultation in the first quarter 2017-18.
ICP16-115	Cardiac	VAD - BTR	Implantation of a left ventricular assist device for destination therapy in people ineligible for heart transplantation NICE interventional procedure guidance [IPG516] Published date: March 2015.	Off Track - WHSSC Level, funding - currently funded via IPFR.	Recommendation from Joint Committee that the English policy and service specification should be adopted as an interim position. Recommendation agreed at the November Management Group, and a permanent policy to be developed as appropriate. Assessed in 2017-18 Prioritisation Panel but not funded.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
ICP16-121	Cardiac	VAD - BTT	Ventricular Assist Devices (VADs) as a bridge to heart transplantation or myocardial recovery (All Ages) - NHS England service specification A18/S(HSS)/b - commissioned in England?	Off Track - WHSSC Level, funding. Funding currently provided by IPFR.	Recommendation from Joint Committee that the English policy and service specification should be adopted as an interim position. Recommendation agreed at the November Management Group, and a permanent policy to be developed as appropriate. Assessed in 2017-18 by the Prioritisation Panel but not funded.
ICP16-044	Neurological and Complex Conditions	Neuromodulation/ pain service	Change to the Pain Service model that that could utilise existing baseline and performance funding in a different way with mutual benefit. Spinal Implants - development of a Multidisciplinary Team model.	Off Track - WHSSC Level, funding.	Given priority to other Neurosciences schemes, this has rolled forward for inclusion in the 2017-18 IMTP.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
ICP16-111	Neurological and Complex Conditions	Nerve STIM - occipital nerve	Occipital nerve stimulation (ONS) for intractable chronic migraine. NICE interventional procedure guidance [IPG452] Published date: April 2013. NHS England will commission ONS as a treatment for adult patients with chronic migraine or chronic cluster headaches who have failed to respond to available pharmaceutical treatments, in accordance with the criteria outlined in this document. Reference: NHS England D08/P/c (July 2015).	Off Track - WHSSC Level, appropriate expertise.	To be managed through the Risk Management Strategy pending the decision of Joint Committee.
ICP16-112	Neurological and Complex Conditions	Nerve STIM - sphenopalatine ganglion	Implantation of a sphenopalatine ganglion stimulation device for chronic cluster headache. NICE interventional procedure guidance [IPG527] Published date: June 2015. No NHS England commissioning policy.	Off Track - WHSSC Level, staffing.	To be managed through the Risk Management Strategy pending the decision of Joint Committee.
ICP16-057	Women and Children	Genetics	Pre-implantation genetic diagnosis (PGD) policy overdue.	Off Track - WHSSC Level, staffing.	To be managed through the Risk Management Strategy pending the decision of Joint Committee. WHSSC Policies and Service Specification Group are reviewing all over due policies to determine the priorities, outcome awaited.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
ICP16-113	Women and Children	VAD - CentriMAG (BTR)	NHS England does not commission the implantation of a VAD as a bridge to destination or chronic support (destination therapy - long term device). Whilst there is evidence suggesting that VADs may be effective as long-term treatments for chronic heart failure in patients who are not transplant candidates (destination therapy) this would require further evaluation of the cost effectiveness of the intervention.	Off Track - WHSSC Level, funding - currently funded via IPFR.	Recommendation from Joint Committee that the English policy and service specification should be adopted as an interim position. Recommendation agreed at the November Management Group, and a permanent policy to be developed as appropriate. Assessed in 2017-18 by the Prioritisation Panel but not funded.
ICP16-063	Neurological and Complex Conditions	Ketogenic Diet	Continue to engage with WHSSC over this cohort of patients and the risks and requirements to support them at C&VUHB.	Off Track - Provider Level, Appropriate Expertise.	Being taken forward as part of 2017-18 planning.
ICP16-006	Cancer and Blood	Haemophilia (BCUHB)	To commission services to complete the implementation of the recommendations of the 2011 Ministerial Task and Finish Group.	Off Track - WHSSC Level, staffing.	Cost neutral repatriation of aspects of haemophilia service.
ICP16-024	Cancer and Blood	Hepatology	Scheme AMBER rated in 2015-16 for funding release in 2016-17.	Off Track - Provider Level, funding.	2nd phase investment. First phase consultant took up post in November 2015
ICP16-011	Cancer and Blood	Liver Transplant	To commission a robust outreach service for South Wales in line with the Liver Services Delivery Plan.	Off Track - Provider Level.	Funded by LDIG.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
ICP16-088	Mental Health	Gender Dysphoria	Procurement of Tier 4 services to manage performance (pending clarification from HBs on primary and secondary care and pathways).	Off Track - Subject to NHS Wales options appraisal and 2017-18 NHS England National Procurement exercise.	Current provider West London MH Trust has given notice on GIC. NHS England is seeking an alternative provider.
WHSSC Scheme	Cancer and Blood	Treatment of Benign Skin Conditions	Specialised Services Policy Review.	Off Track - WHSSC Level, staffing.	Being taken forward as part of the WHSSC Policies and Service Specification Group work.
WHSSC Scheme	Cancer and Blood	Facial Surgery procedures	Specialised Services Policy Review.	Off Track - WHSSC Level, staffing.	Being taken forward as part of the WHSSC Policies and Service Specification Group work.
WHSSC Scheme	Cancer and Blood	Body Contouring	Specialised Services Policy Review.	Off Track - WHSSC Level, staffing.	Being taken forward as part of the WHSSC Policies and Service Specification Group work.
WHSSC Scheme	Cancer and Blood	Abdominoplasty / Apronectomy following Significant Weight Loss	Policy Position Review.	Off Track - WHSSC Level, staffing.	Being taken forward as part of the WHSSC Policies and Service Specification Group work.
WHSSC Scheme	Cancer and Blood	Bevacizumab (Avastin) Use in Patients with Relapsed Glioma	Specialised Services Policy Review.	Off Track - WHSSC Level, staffing.	Being taken forward as part of the WHSSC Policies and Service Specification Group work.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
WHSSC Scheme	Cancer and Blood	Transarterial Chembolisation (TACE) Drug-eluting Doxorubicin (DEBOX) for the Management of Unresectable, Metastatic Liver Disease	Specialised Services Policy Review.	Off Track - WHSSC Level, staffing.	Being taken forward as part of the WHSSC Policies and Service Specification Group work.
WHSSC Scheme	Cancer and Blood	Breast Surgery Procedures	Specialised Services Policy Review.	Off Track - WHSSC Level, staffing.	Being taken forward as part of the WHSSC Policies and Service Specification Group work.
WHSSC Scheme	Cancer and Blood	Hepatobiliary Surgery Service Specification	Service Specification Review.	Off Track - WHSSC Level, staffing.	Being taken forward as part of the WHSSC Policies and Service Specification Group work.
WHSSC Scheme	Cancer and Blood	Enhanced Image Guided Brachytherapy (IGBT) Service for the Treatment of Gynaecological Malignancies	Clinical Access Policy Review.	Off Track - WHSSC Level, staffing.	Being taken forward as part of the WHSSC Policies and Service Specification Group work.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
WHSSC Scheme	Neurological and Complex Conditions	Specialised Immunology	Service Specification Review.	Off Track – WHSSC Level, staffing.	Will be picked up in the Audit Day which will take place following the SLA meeting with Manchester 14 th March.
WHSSC Scheme	Cancer and Blood	Hyperbaric Oxygen Therapy Policy	Specialised Services Policy.	Off Track – WHSSC Level, staffing.	Being taken forward as part of the WHSSC Policies and Service Specification Group work - in Phase 4 of the Policy Review process.
WHSSC Scheme	Cardiac	Pulmonary Hypertension Drug Therapy	Specialised Services Policy.	Off Track – WHSSC Level, staffing.	Being taken forward as part of the WHSSC Policies and Service Specification Group work - in Phase 2 of the Policy Review process.
Transfer of Services	Cancer and Blood	Haemophilia	Transfer into WHSSC.	Off Track – WHSSC Level, staffing.	Unable to be progressed due to resource constraints.
Transfer of Services	Cancer and Blood	Endocrinology	Transfer to be confirmed.	Off Track – WHSSC Level, staffing.	Unable to be progressed due to resource constraints.
Collective Commissioning	Neurological and Complex Conditions	RFA Neurological Diseases inc MND and Huntingdon's disease	Type of Collective Commissioning to be confirmed.	Off Track – WHSSC Level, staffing.	Rolled forward to 2017-18.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
WHSSC Scheme	Cancer and Blood	Thoracic Surgery in South Wales	Service Review.	On Track	Service specification agreed. Engagement in process. This work is part of an ongoing service review.
WHSSC Scheme	Cancer and Blood	Plastic Surgery	Audit Day.	Off Track - WHSSC Level, staffing.	A decision was taken mid year to postpone.
WHSSC Scheme	Cardiac	Cardiac Resynchronisation Therapy in the Management of Advanced Heart Failure	Specialised Services Policy Review.	Off Track - WHSSC Level, staffing.	Being taken forward as part of the WHSSC Policies and Service Specification Group work.
WHSSC Scheme	Cancer and Blood	Bariatric Surgery Services	Specialised Services Policy Review.	Off Track - WHSSC Level, staffing.	Being taken forward as part of the WHSSC Policies and Service Specification Group work.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
WHSSC Scheme	Women and Children	Genetic testing for inherited cardiac conditions.	Specialised Services Policy Review.	Off Track - WHSSC Level, timeline for delivery.	Consultation letter sent 20 th July 2016 for response by the 17 th August 2016. Responses received and evidence requested to support these. Meeting arranged for January 2017 with key stakeholders to review the evidence. C&VUHB requested that this meeting be deferred to allow more time to review, further feedback awaited. Meetings held by AWMGS in March and June 2017, feedback to WHSSC expected at Genetics meeting in July to determine future actions.
WHSSC Scheme	Mental Health	Child Adolescent Mental Health Services (CAMHS) Commissioning Policy	Specialised Services Policy Review.	Off Track - Timeline for delivery. Provider staffing and funding issues.	Framework refresh wef 1st October and BCUHB commissioning review underway.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
WHSSC Scheme	Mental Health	Eating Disorder Specialised Services Tier 4 Specialised Services Policy	Specialised Services Policy Review.	Off Track - Delay in NICE publication and Welsh Government response.	Independent Advice required and needs to be identified and funded subject to new AMD appointments.
WHSSC Scheme	Mental Health	Specialised Adult Gender Identity Services	Specialised Services Policy Review.	Off Track - Options appraisal is being developed. Timeline for delivery, staff & funding issues.	
WHSSC Scheme	Mental Health	Gender Dysphoria services (Tier 4)	Service Review.	Off Track - Options appraisal is being developed. Timeline for delivery, staff & funding issues.	Subject to agreement on primary/secondary care pathways.
WHSSC Scheme	Mental Health	Gender Dysphoria services (whole pathway)	Service Review.	Off Track - Timeline for delivery, staff & funding issues.	Subject to agreement on primary/secondary care pathways.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
WHSSC Scheme	Mental Health	Perinatal Services	Service Review.	Off Track - Update paper for consideration at June Network Board and Joint Committee.	Subject to agreement on primary/secondary care pathways.
WHSSC Scheme	Mental Health	Specialised Adult Eating Disorder Services	Service Review.	Off Track - WHSSC Level, staffing - On hold pending AMD appointment.	External support required including funding confirmation.
WHSSC Scheme	Neurological and Complex Conditions	Deep Brain Stimulation	Specialised Services Policy Review.	Off Track - WHSSC Level, staffing.	In Phase 3 of the Policy Review.
WHSSC Scheme	Neurological and Complex Conditions	Integrated Specialist Rehabilitation	Specialised Services Policy Review.	Off Track - WHSSC Level, staffing.	The policy has been updated and consulted upon, due for ratification by Management Group in July 2017.
WHSSC Scheme	Neurological and Complex Conditions	War Veterans - Enhanced Prosthetic Provision	Specialised Services Policy Review.	Off Track - WHSSC Level, staffing.	Discussed at May 2017 Audit Day. Due for review at Prosthetics meeting in September where 3rd sector colleagues will be present.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
WHSSC Scheme	Neurological and Complex Conditions	Alternative and Augmentative Communication	Specialised Services Policy Review.	Off Track - WHSSC Level, staffing.	Policy review was discussed at Board meeting (29th January), only reviewing as original policy was done for 1 year, cannot foresee significant changes. This will not be reviewed until ongoing funding has been confirmed.
WHSSC Scheme	Neurological and Complex Conditions	Neurology	Transfer out of WHSSC.	Off Track - Provider Level, staffing.	This is still being discussed with BCUHB.
WHSSC Scheme	Neurological and Complex Conditions	MS	Transfer out of WHSSC.	Off Track - WHSSC Level, staffing.	Discussions have not yet commenced.
Collective Commissioning	Neurological and Complex Conditions	Rare neurological diseases inc MND and Huntington's Disease	Type of Collective Commissioning to be confirmed.	Off Track - WHSSC Level, staffing.	Discussions have not yet commenced.
Collective Commissioning	Neurological and Complex Conditions	Major Trauma	Type of Collective Commissioning to be confirmed.	Off Track - Provider Level, Appropriate Expertise.	Major Trauma Centre work remains ongoing with the Collaborative.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
WHSSC Scheme	Neurological and Complex Conditions	Specialised Neurosciences : - Neurosurgery - Neurodiagnostics (including Neuropathology and Neuroradiology) - Neurorehabilitation	Service Review.	Off Track - WHSSC Level, Appropriate Expertise.	The commissioning strategy will be presented to Management Group and Joint Committee in May for approval. An update on developments is due to be presented to Joint Committee in March.
WHSSC Scheme	Neurological and Complex Conditions	Clinical Immunology	Audit Day.	Off Track - WHSSC Level, Appropriate Expertise.	Decision to be made post SLA meeting.
WHSSC scheme	Neurological and Complex Conditions	Deep Brain Stimulation	Audit Day.	Off Track - WHSSC Level, staffing.	Meeting with DBS service took place on 30 th January where an Audit Day was discussed.
WHSSC scheme	Neurological and Complex Conditions	Auditory Brain Stem Implants	Specialised Services Policy Review.	Off Track - Provider Level, Appropriate Expertise.	In Phase 3 of the Policy Review.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
WHSSC scheme	Women and Children	Drug treatment for Lysosomal Storage Disorders	Specialised Services Policy Review.	Off Track - WHSSC Level, staffing.	Service Specification not yet published. WHSSC Policies and Service Specification Group are reviewing all over due / required service specifications and policies to determine priorities, outcome awaited.
WHSSC scheme	Women and Children	Drug treatment for Lysosomal Storage Disorders Specialised Services Service Specification	Service Specification Review.	Off Track - WHSSC Level, staffing.	Policy due for review. WHSSC Policies and Service Specification Group are reviewing all over due policies to determine priorities, outcome awaited
WHSSC scheme	Women and Children	Inhaled Therapy for Patients 6 years and older with Cystic Fibrosis	Clinical Access Policy.	Off Track - WHSSC Level, staffing.	Policy due for review. WHSSC Policies and Service Specification Group are reviewing all over due policies to determine priorities, outcome awaited.
Transfer of Services	Women and Children	Fetal Medicine	Transfer into WHSSC.	Off Track - WHSSC Level, staffing.	Not currently a priority area for finance, to look to progress later in year.

Planning ref and scheme category	Programme Team	Service Area	Summary	Progress (Completed/ On track / Off track)	Comments
Transfer of Services	Women and Children	Paediatric CF	Transfer into WHSSC.	Off Track - WHSSC Level, staffing.	Not currently a priority area for finance, to look to progress later in year.
Collective Commissioning	Women and Children	Paediatric Radiology	Type of Collective Commissioning to be confirmed.	Off Track - WHSSC Level, staffing.	A scoping exercise was undertaken to review the resource required to action this for 2017-18, not currently prioritised.

3.2 Financial Summary

The 2016-17 planned development budget totalled £9.059m at the ICP approval stage.

As at 31st March 2017 the reported spend against the 2016-17 developments was £4.69m as outlined in the tables below. This includes £0.581m of expenditure for developments agreed in year that were not funded at the plan approval stage.

Provider	Development transferred to LTA's	Annual Budget £'000	Actual To Date £'000	Variance £'000	Development Category
AB	Microwave Liver ablation	27	19	(8)	New Technologies
ABM	Thoracic surgery infrastructure ABM	357	257	(100)	Additional Capacity & Service Improvement
BCU	BAHA & Cochlears growth North Wales	240	240	-	Unavoidable Growth
C&V	Thoracic surgery infrastructure Cardiff	440	240	(200)	Additional Capacity & Service Improvement
C&V	Neuroendocrine Tumours (NETs)	156	7	(149)	Service Implementation
C&V	Fetal cardiology	95	95	-	Additional Capacity & Service Sustainability
C&V	Paediatric surgery	500	500	-	Additional Capacity & Service Sustainability
C&V	BAHA & Cochlears growth South Wales	500	582	82	Unavoidable Growth
C&V	Posture and Mobility - ALAS (Wheelchairs)	373	373	-	Unavoidable Growth
C&V	Prosthetics service sustainability for war veterans	121	121	-	Service Sustainability
C&V	BMT Phase 3	779	550	(229)	Additional Capacity & Service Improvement
C&V	Clinical Immunology non pay growth	400	400	-	Unavoidable Growth
C&V	Paediatric Cardiology RTT	87	87	(0)	Additional Capacity & Service Sustainability
PETIC / BCU	PET CT new indications	62	62	-	Additional Capacity
Total Developments Transferred to LTAs		4,137	3,533	(604)	
Provider	Development not funded in plan	Annual Budget £'000	Actual To Date £'000	Variance £'000	Development Category
C&V	Genetics - Stratified Medicine		102	102	New Technologies
C&V	Neurovascular		85	85	Service Sustainability
C&V	Neurosurgery		150	150	Service Sustainability
C&V	Interventional neuroradiology		92	92	Service Sustainability
C&V	Clinical Immunology (infrastructure)		152	152	Additional Capacity & Service Sustainability
Total Developments funded in year		-	581	581	
Provider	Development Implementation Slippage	Annual Budget £'000	Actual To Date £'000	Variance £'000	Development Category
ABM	Bariatrics Stage 2	84		(84)	Additional Capacity
C&V	Prosthetics service sustainability for war veterans	179		(179)	Development Implementation Slippage
C&V/ ABM	Thoracic surgery infrastructure	3		(3)	Development Implementation Slippage
C&V	Neuroendocrine Tumours (NETs)	31		(31)	Development Implementation Slippage
BCU	BAHA & Cochlears growth North Wales	50		(50)	Development Implementation Slippage
C&V	Posture and Mobility - ALAS (Wheelchairs)	127	-	(127)	Development Implementation Slippage
C&V	BMT Phase 3	371		(371)	Development Implementation Slippage
C&V	Paediatric Cardiology RTT	100		(100)	Development Implementation Slippage
AB	Liver ablation	78		(78)	Development Implementation Slippage
N/A	Liver Outreach clinics - Delivery Plan Funded	32		(32)	Development Implementation Slippage
N/A	Ketogenic Diet - Invest to Save	18		(18)	Development Implementation Slippage
Total 2016/17 Developments not transferred into LTAs		1,073	-	(1,073)	
Provider	Mandated Drug Developments	Annual Budget £'000	Actual To Date £'000	Variance £'000	Development Category
C&V	Cystic fibrosis - Nacafer NONG551D (AWMSG)	459	192	(267)	New Technologies
Velindre	Malignant Melanoma treatments	1,500	758	(742)	New Technologies
N/A	Susceptoog - Haemophilia	380		(380)	New Technologies
Various	Elosulfase Alfa - VIMZIM ERT	660	154	(506)	New Technologies
C&V	Ataluren NS Duchenne Muscular Dystrophy	400	53	(347)	New Technologies
N/A	Asfotase Alfa - HPP ERT	450		(450)	New Technologies
Total Mandated Drugs Developments		3,849	1,157	(2,692)	
Total 2016/17 ICP Developments		9,059	4,690	(4,369)	

The revised full year effect of 2016-17 developments is £1.5m lower than the 2016-19 year 2 provision. This includes recurrent funding of the genetics, neurosciences and genetics schemes approved in year outside of the plan.

The below table summarises the recurrent impact of schemes approved in 2016-17:

Planning Ref	Category	Scheme	2016/17			2017/18		
			2016/17 ICP	2016/17 Forecast Expenditure	2016/17 Total Slippage	2017/18 ICP	2017/18 Forecast Expenditure	2017/18 Forecast Slippage
			£m	£m	£m	£m	£m	£m
ICP16-030	Black - Pre approved	Bariatrics Stage 2	0.084	-	(0.084)			
ICP16-048	Black - Pre approved	Prosthetics service sustainability for war veterans	0.300	0.121	(0.179)	0.300	0.210	(0.090)
ICP16-110	Red - Mandated	Cystic fibrosis - Ivacaftor NONG551D (AWMSG)	0.459	0.192	(0.267)	0.612	0.612	-
ICP16-120	Red - Mandated	Malignant Melanoma Pathway Drugs	1.500	0.758	(0.742)	1.750	1.769	0.019
ICP16-124	Red - Mandated	Susoctocog - Haemophilia	0.380	-	(0.380)	0.950	-	(0.950)
ICP16-125	Red - Mandated	Elosulfase Alfa - VIMZIM ERT	0.660	0.154	(0.506)	0.880	0.880	-
ICP16-126	Red - Mandated	Ataluren NS Duchene Muscular Dystrophy	0.400	0.053	(0.347)	0.750	0.200	(0.550)
ICP16-128	Red - Mandated	Asfotase Alfa - HPP ERT	0.450	-	(0.450)	0.900	0.900	-
ICP16-001	Amber - Unavoidable	Thoracic surgery infrastructure & activity	0.800	0.497	(0.303)	2.500	2.100	(0.400)
ICP16-003	Amber - Unavoidable	Neuroendocrine Tumours (NETs)	0.187	0.007	(0.180)	0.375	0.349	(0.026)
ICP16-050	Amber - Unavoidable	Fetal cardiology	0.095	0.095	-	0.189	0.138	(0.051)
ICP16-053	Amber - Unavoidable	Paediatric surgery	0.500	0.500	-	0.862	0.862	-
ICP16-081	Amber - Unavoidable	BAHA & Cochlears growth North Wales	0.290	0.240	(0.050)	0.500	0.340	(0.160)
ICP16-064	Amber - Unavoidable	BAHA & Cochlears growth South Wales	0.500	0.582	0.082	0.750	0.667	(0.083)
ICP16-047	Amber - Unavoidable	Posture and Mobility - ALAS (Wheelchairs)	0.500	0.373	(0.127)	0.500	0.373	(0.127)
ICP16-004	Amber - Unavoidable	BMT Phase 3 infrastructure & activity	1.150	0.550	(0.600)	2.400	2.101	(0.299)
ICP16-105	Amber - Unavoidable	Clinical Immunology non pay growth	0.400	0.400	-	0.800	0.800	-
ICP16-009	Amber - Unavoidable	PET CT new indications	0.062	0.062	-	0.170	0.062	(0.108)
ICP16-052	Amber - Unavoidable	Paediatric Cardiology RTT	0.187	0.087	(0.100)	0.187	0.173	(0.014)
ICP16-028	Amber - Unavoidable	Liver ablation	0.105	0.019	(0.086)	0.105	0.065	(0.040)
		Total Funded ICP schemes	9.009	4.690	(4.319)	15.480	12.601	(2.879)
ICP16-056	Economic Benefits	Genetics - Stratified Medicine		0.102	0.102		0.218	0.150
ICP16-038	Amber - Sustainability	Neurovascular		0.085	0.085		0.280	0.280
ICP16-041	Amber - Sustainability	Neurosurgery		0.150	0.150		0.375	0.375
ICP16-039	Amber - Sustainability	Interventional neuroradiology		0.092	0.092		0.207	0.207
ICP16-043	Amber - Sustainability	Clinical Immunology (infrastructure)		0.152	0.152		0.400	0.400
		Additional Funding Required for High Risk Schemes	-	0.581	0.581	-	1.480	1.412
		Total Reported 16-17 Developments	9.009	5.271	(3.738)	15.480	14.081	(1.467)

3.3 Risk Management Summary

The risk management plan has been reviewed by the Programme Teams as at the year end position for the ICP 2016-17. The risks related to the schemes listed in the risk management plan have been considered in the development of the ICP 2018-21 delivery plan.

3.4 Lessons Learned

Capturing the lessons learned throughout the development, implementation and delivery phases of the ICP is important in addressing issues and making continued improvements going forward. The **key** lessons that have been identified from the 2016-17 ICP phases are:

Delivery of ICP 2016-17: the work plan reflects a considerable amount of work completed over the twelve month period (01 April 2016 – 31 March 2017) and overall good progress has been made against the delivery of schemes in the ICP 2016-17. The main issues identified which impacted on the non delivery of schemes include:

- late in year approval of schemes;
- specialised clinical workforce capacity; and
- service sustainability issues across the Provider Health Boards.

It has become evident as part of the review, development and monitoring stages of the ICP that the future development of the ICP work plan needs to be achievable across the following areas:

- Demand for Specialised Services;
- Specialised Services Commissioning Priorities;
- Risk Management; and
- Health Board Provider financial affordability.

Evaluation of ICP: evaluation of schemes has been identified as a priority area of work to capture and measure the impact of the delivery of schemes in establishing what changes have been made. WHSSC will be writing out to Provider Health Boards as part of the evaluation process against financial investments received. This will ensure that each of the schemes has been fully implemented in line with the original commissioning intention with the benefits of the schemes realised; such as improved service performance.

Performance Management: implementation of the performance management framework is an ongoing priority. Further development of this framework was outlined in the 2018-21 ICP and showed a strengthened process to facilitate appropriate corrective action in a timely manner.

Provider performance issues such as scheme funding investments are being monitored through the SLA contracting and performance mechanisms as well as Individual Service performance meetings.

Provider Engagement: ongoing work is required to optimise Provider engagement with the Health Boards to ensure that there are appropriate levels of involvement and support throughout the development, implementation and delivery phases of the ICP.

4.0 Recommendations

Members are asked 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.

Link to Healthcare Objectives		
Strategic Objective(s)	Implementation of the Plan Development of the Plan Governance and Assurance	
Link to Integrated Commissioning Plan	This paper summarises the progress and outcomes of the schemes for delivery in the ICP 2016-17.	
Health and Care Standards	Governance, Leadership and Accountability Safe Care Effective Care	
Principles of Prudent Healthcare	Care for Those with the greatest health need first Only do what is needed Reduce inappropriate variation	
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Improving Patient Experience (including quality and Satisfaction) Reducing the per capita cost of health care	
Organisational Implications		
Quality, Safety & Patient Experience	The commissioning plan is underpinned by a quality and outcomes framework.	
Resources Implications	The yearend slippage against the ICP 2016-17 has been moved forward into the 2017-18 ICP.	
Risk and Assurance	The risks associated with the schemes in the ICP 2016-17 are reviewed and managed through the WHSSC ICP monitoring reporting framework.	
Evidence Base	N/A	
Equality and Diversity	There are no equality and diversity implications associated with this report.	
Population Health	There are no additional implications associated for population health in this report.	
Legal Implications	There are no legal implications associated with this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	17/07/2017	Approved.



		Agenda Item	13
Meeting Title	Joint Committee	Meeting Date	25/07/2017
Report Title	Annual Performance Report 2016/17		
Author (Job title)	Performance Analyst / Assistant Planning Manager		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	Public

Purpose	The attached report provides members with a summary of the performance of providers throughout 2016/17 and details of the actions undertook to address areas of non-compliance.			
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input type="checkbox"/>
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Sub Group /Committee	Not applicable	Meeting Date	
		Meeting Date	

Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> Note performance over 2016/17. 		
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Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓			✓		✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
		✓			✓			✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
	✓			✓				✓

WHSSC Annual Performance Report

2016/2017

WHSSC

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1. Integrated Provider / Commissioner Dashboard

Domain	Improved Performance	Sustained Performance	Decline in Performance
Safety	0	0	1
Effectiveness	10	2	6
Staff & Resources	1	0	3
Leadership	3	0	1
Total	14	2	11

2. Service Dashboard

Indicator Ref.	Provider	Measure	Target	Tolerance Levels			Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Movements	Comments	
				Red	Amber	Green															
S01		Quarterly	Number of new Serious Incidents reported to WHSSC by provider within 48hours	100%	<50%	50-99%	100%	60%			100%			40%			20%		↓	Reported Quarterly	
E01	All	Monthly	Cardiac surgery patients to be waiting < 36 weeks	100% within 36 weeks	<100%	N/A	100%	98%	98%	99%	98%	99%	98%	98%	97%	98%	95%	97%	↓		
E02	All	Monthly	Plastic surgery patients to be waiting < 36 weeks	100% within 36 weeks	<100%	N/A	100%	94%	94%	95%	95%	96%	97%	96%	97%	95%	96%	98%	↑		
E03	All	Monthly	Paediatric surgery patients to be waiting < 36 weeks	100% within 36 weeks	<100%	N/A	100%	88%	88%	90%	89%	91%	93%	92%	93%	90%	90%	94%	↑		
E04	All	Monthly	Neurosurgery patients to be waiting < 36 weeks	100% within 36 weeks	<100%	N/A	100%	95%	94%	94%	93%	93%	94%	93%	92%	92%	91%	88%	90%	↓	
E05	All	Monthly	Bariatric surgery patients to be waiting < 36 weeks	100% within 36 weeks	<100%	N/A	100%	62%	67%	62%	69%	68%	69%	68%	67%	61%	60%	62%	68%	↑	
E06	All	Monthly	Thoracic surgery patients to be waiting < 36 weeks	100% within 36 weeks	<100%	N/A	100%	98%	99%	99%	98%	98%	100%	99%	98%	99%	99%	98%	98%	→	
E06D	All	Monthly	Urgent Lung resection within 62 days - All Wales	95% within 62 days	<90% Within 62 days	90-95% within 62 days	=, >95% within 31 days	47%	83%	9%	45%	50%	43%	58%	25%	43%	-	-	-	↓	Stopped receiving data from network
E06E	All	Monthly	Non-Urgent Lung resection within 31 days - All Wales	95% within 31 days	<90% Within 31 days	90-95% within 31 days	=, >95% within 10 days	71%	90%	50%	64%	88%	67%	80%	71%	50%	-	-	-	↓	Stopped receiving data from network
E07	All	Monthly	Cancer patients to receive a PET scan within 10 days from referral to electronic receipt of image and report by the referring clinician - National	95% within 10 days	<90% Within 10 days	90-95% within 10 days	=, >95% within 10 days	90%	97%	96%	94%	90%	99%	96%	100%	99%	98%	98%	98%	↑	
E08	All	Monthly	Delivery of 26 week RTT target for adult posture & mobility service - National	90% within 26 weeks	<85% Within 26 weeks	85-89% within 26 weeks	=, >90% within 26 weeks	93%	93%	90%	92%	92%	90%	91%	90%	87%	85%	84%	82%	↓	
E09	All	Monthly	Delivery of 26 week RTT target for paediatric posture & mobility service - National	90% within 26 weeks	<85% Within 26 weeks	85-89% within 26 weeks	=, >90% within 26 weeks	98%	98%	96%	96%	96%	94%	95%	97%	96%	98%	98%	98%	→	
E10	All	Monthly	CAMHS OOA placements	14	>16	>14, <16	=, <14	13	13	11	9	7	10	10	12	11	11	10	11	↓	
E11	All	Monthly	CAMHS NHS Beddays - National	95% with +/- 5% tolerance	<85%, >105%	< 90%, >100%	90% - 100%	-	-	-	69%	5.83%	70%	72%	66%	93%	95%	83%	106%	↑	
E11i	All	Monthly	CAMHS NHS Home Leave - National	25% - 35 % of Beddays	<20%, >40%	<25%, >35%	25% - 35%	-	-	-	43%	41%	5.83%	5.83%	5.83%	43%	5.83%	28%	5.83%	↑	
E12	All	Monthly	Adult Medium Secure NHS Beddays - National	100% with +/- 5% tolerance	<90%, >110%	< 95%, >105%	95% - 105%	-	-	-	5.83%	5.83%	5.83%	95%	5.83%	96%	97%	86%	5.83%	↑	
E13	All	Monthly	IVF patients waiting for Outpatient Appointment	100% within 26 weeks	<100%	N/A	100%	-	-	-	-	-	-	84%	86%	98%	99%	100%	↑		
E13i	All	Monthly	IVF patients waiting to commence treatment	0 patients waiting	>1	N/A	0	-	-	-	-	-	-	154	156	169	150	150	↑		
E13ii	All	Monthly	IVF patients accepted for 2nd cycle waiting to commence treatment	0 patients waiting	>1	N/A	0	-	-	-	-	-	-	55	51	53	45	45	↑		

Trend arrows indicate movement between first data recorded for the year to the last.

E11i an increase in Home Leave during December is normal as patients are allowed home over Christmas period whenever clinically appropriate.

E06D and E06E no data received for January/February/March.

Key Messages

2.1 Provider

2.1.1 Safety

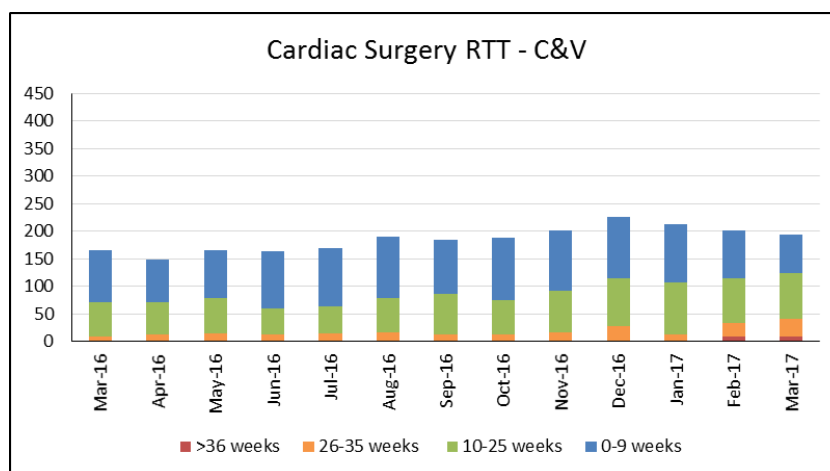
Data for the safety measure (number of new serious incidents) is reported on a quarterly basis. From Quarter 1 to Quarter 4 of 2016/17 the compliance by providers to report serious incidents within 48 hours has decreased from 60% to 20%. A meeting has been scheduled between WHSSC and the provider whose compliance has affected this position for early July 2017.

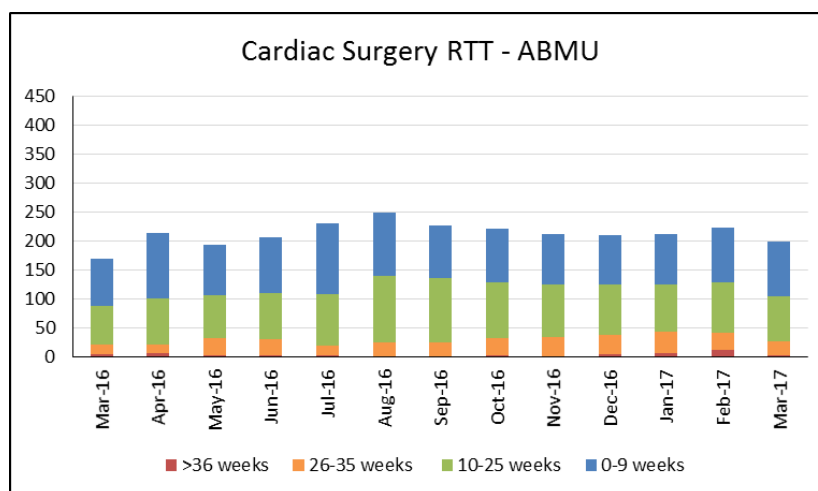
2.1.2 Performance

Cardiac Surgery

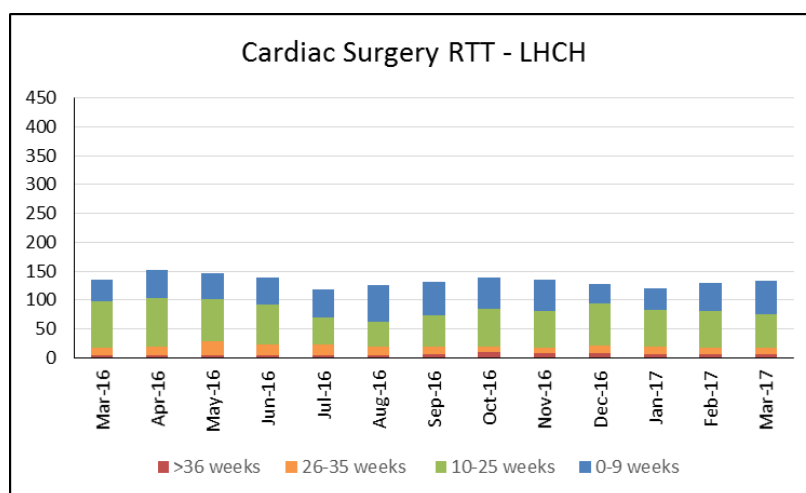
Cardiac surgery nationally has not hit the target of 100% compliance for the 36 week RTT for 2016/17, and the position has worsened throughout the year.

The main cardiac surgery providers are CVUHB, ABMUHB, & LHCH. Both CVUHB and ABMUHB had no 36 week breaches in August 2016, and had relatively low levels of breaches (<5 patients for majority of the 2016/17 period); however, the highest breaches recorded were in February 2017 where CVUHB had 9, and ABMUHB had 11. WHSSC were advised that this was in part due to a correction in in pathway start dates that should not reoccur.





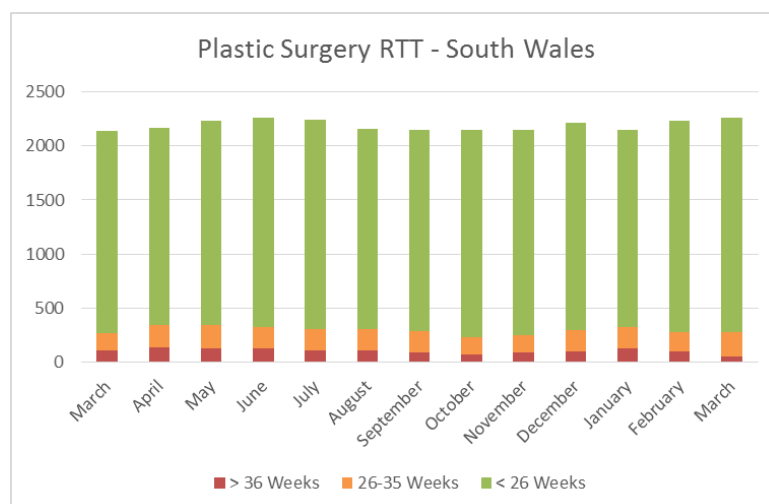
LHCH has seen breaches of the 36 week target throughout 2016/17. This was mainly due to low resource to conduct minimally invasive mitral valve replacement surgery. This procedure was offered to patients instead of open heart mitral valve surgery, which many patients opted for. At the last SLA review meeting on 23rd March, WHSSC were advised by LHCH that an additional surgeon being trained to undertake mini mitral valve replacement surgery is expected to commence solo surgery by July/August 2017 with realistic improvements to the waiting list being seen by the end of the year.



Plastic Surgery

Plastic surgery nationally has not hit the target of 100% compliance of 36 week RTT for 2016/17; however, the position has improved over the year. The providers for plastic surgery are ABMUHB, Birmingham Children's, Royal Free, & St Helens.

The three English trusts achieved the 36 week RTT target for the whole of 2016/17. ABMUHB started the year with 141 patients in breach of the 36 week target; however, this has decreased to a position 49 at the end of 2016/17.

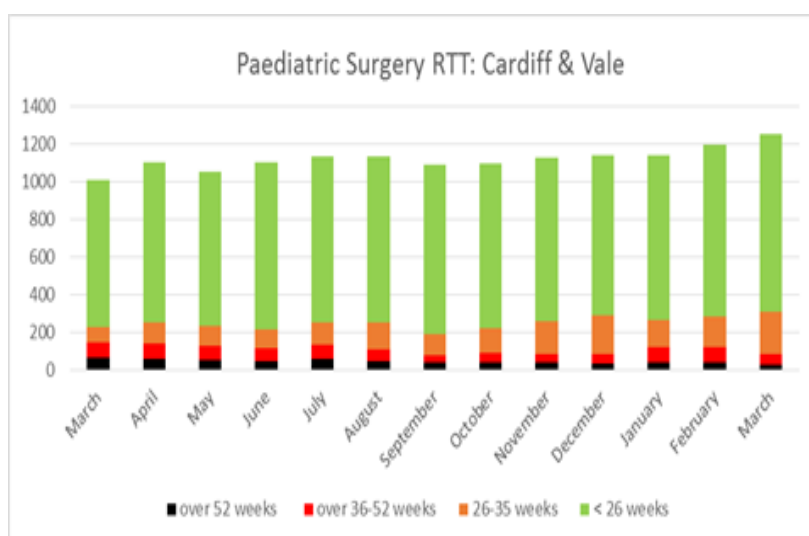


Paediatric Surgery

Paediatric surgery nationally has not hit the target of 100% compliance of 36 week RTT for 2016/17; however, the position has improved over the course of the year. The providers are CVUHB and Alder Hey.

Alder Hey achieved target for majority of year. Performance deteriorated in Quarter 3; however, they ended the year with 96% (<5 patients breached) compliance.

CVUHB started the year with 136 patients waiting over the 36 week target, 55 of whom were waiting over 52 weeks. However, this position has improved throughout the year with CVUHB reporting 84 patients waiting over 36 weeks (of these 28 waiting over 52 weeks) at the end of March 2017.



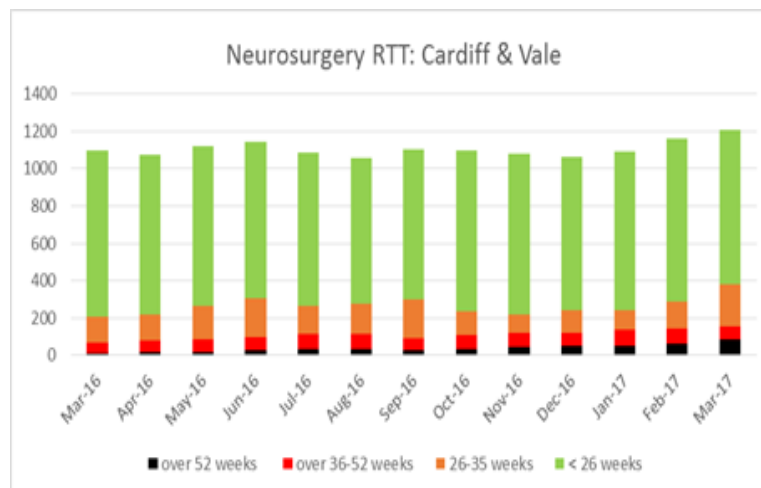
Neurosurgery

Neurosurgery nationally has not hit the target of 100% compliance of 36 week RTT for 2016/17, and the position has deteriorated throughout.

The providers for Neurosurgery are CVUHB, The Walton Centre, UH Birmingham, and North Midlands.

Both North Midlands and the Walton Centre achieved 100% compliance of the 36 week target throughout 2016/17. UH Birmingham achieved 100% compliance through the year, except for March 2017 where they achieved 94% compliance (<5 patients breach).

CVUHB started 2016/17 with 79 patients in breach of the 36 week, of whom 15 breached 52 weeks. The position deteriorated throughout the year to end with 157 in breach of 36 weeks, with 83 of those breaching 52 weeks.

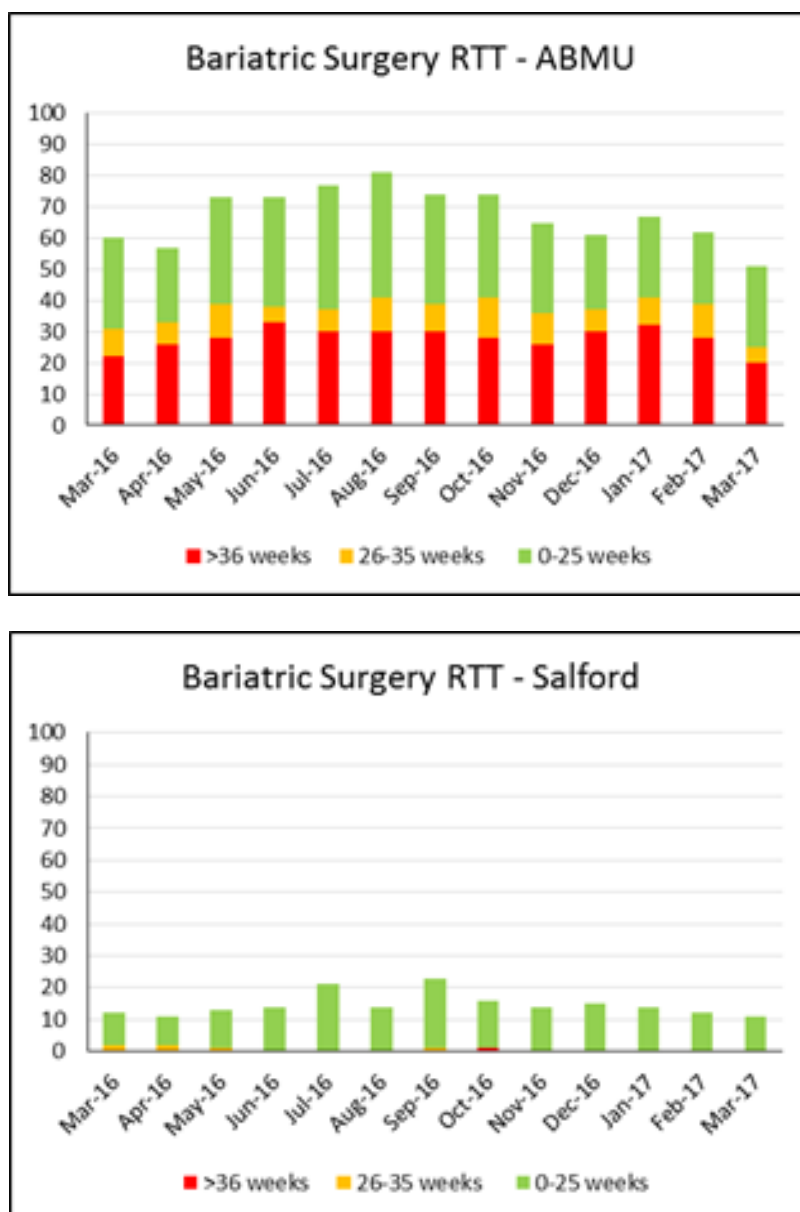


Bariatric Surgery

Bariatric surgery nationally has not hit the target of 100% compliance of 36 week RTT for 2016/17; however, the position at the end of March 2017 was an improvement on the April 2016 position.

The providers are ABMUHB and Salford Royal. Salford Royal has achieved 100% compliance of the 36 week target for the majority of 2016/17; however, <5 patients breached in October 2016.

ABMUHB started the year with 26 patients breaching the 36 week target and ended with 20 patients in breach. The over 36 week cohort fluctuated through the year between 26 and 32.

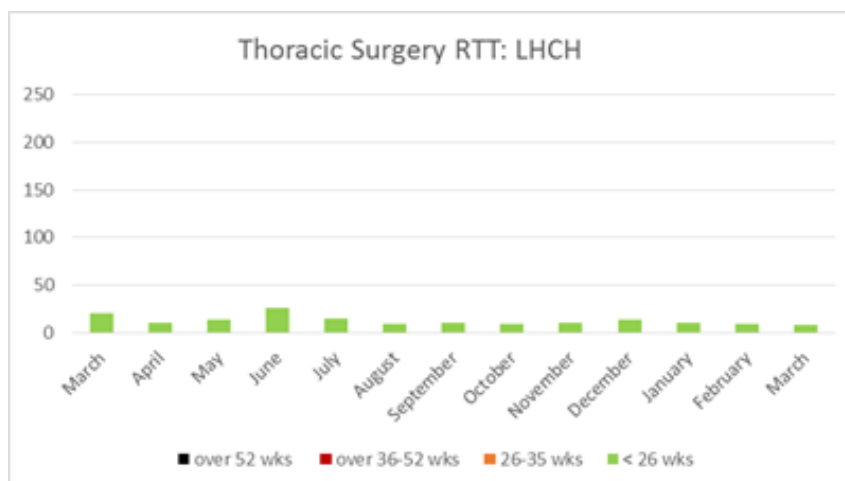
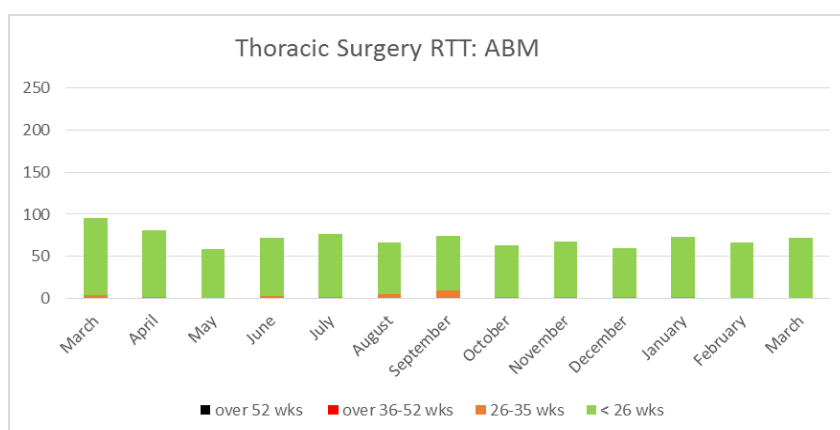
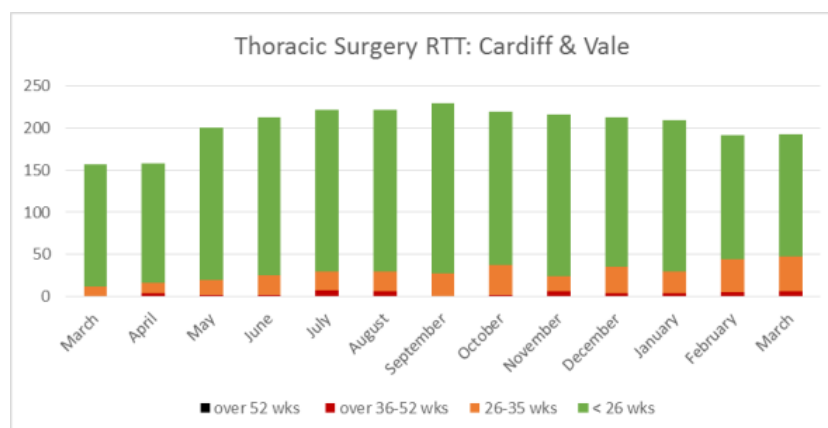


Thoracic Surgery

Thoracic surgery nationally only achieved the target of 100% compliance of 36 week RTT once in 2016/17 in September 2016. The end of year position remained the same as at the beginning of the year.

The providers are C&VUHB, ABMUHB & LHCH. LHCH achieved 100% compliance in all months except for March 2017 where they had 88% compliance (<5 breaches). ABMUHB also only had one month (May 2016) where 100% compliance was not achieved and where they achieved 99% compliance <5 patients breached.

CVUHB reported the opposite position, only achieving 100% compliance in one month (September 2016). For the rest of the year breaches fluctuated between 7 and <5.



Lung Cancer

Unfortunately, lung cancer data previously provided from the Cancer Network ceased during Quarter 4. WHSSC is currently discussing with the Cancer Network and Health Boards the most appropriate source for continued access to the data.

For both Urgent Suspected Cancer (USC) and Non-Urgent Suspected Cancer (NUSC), the target for 95% compliance within 62 days and 31 days respectively, was not achieved on national level for the whole of 2016/17.

The providers are CVUHB, ABMUHB and Royal Liverpool & Broadgreen. Royal Liverpool & Broadgreen rarely had any USC cases, but where they did (September & November 2016) 100% compliance was achieved. ABMUHB also achieved 100% compliance for NUSC cases in months June, July, August and October 2016.

Due to the small number of cases, any changes in compliance created large swings in the performance indicator from month to month.

PET Scans

The PET service achieved its target for most of 2016/17, and ended with an improved performance compared to the start of year. April, July and August missed the target of 95% within 10 days. NB: August score is 89.5% rounded up to 90% as decimal points removed.

The providers are CVUHB and BCUHB and both missed the target in April; however, in July and August it was CVUHB's performance which brought the national figure under target, 18 (10% of waiting list) and 27 (12% of waiting list) patients breached, respectively. Both CVUHB and BCUHB are now compliant against the targets.

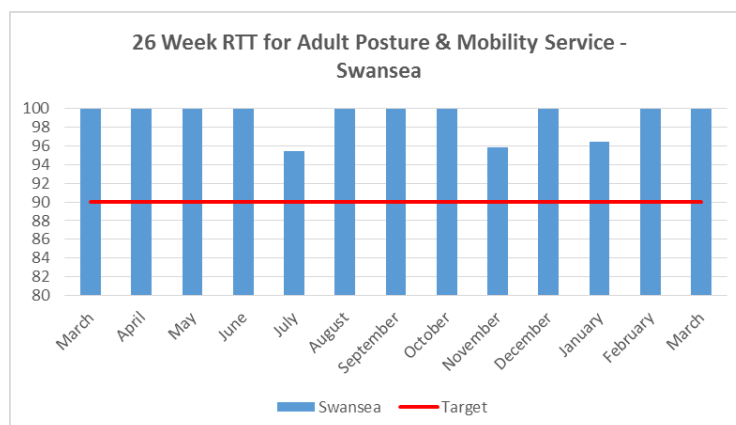
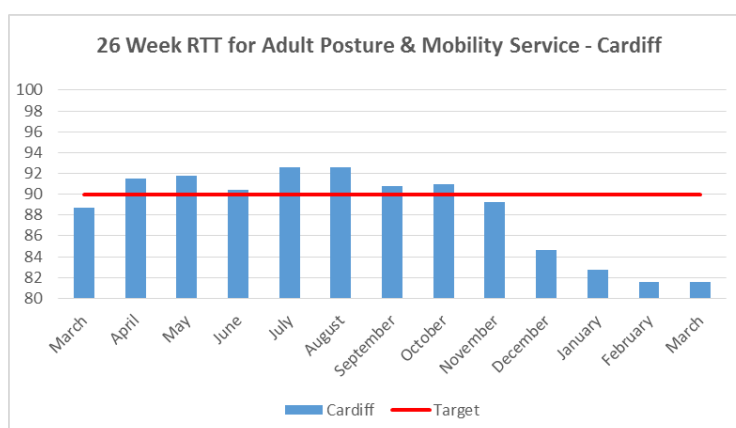
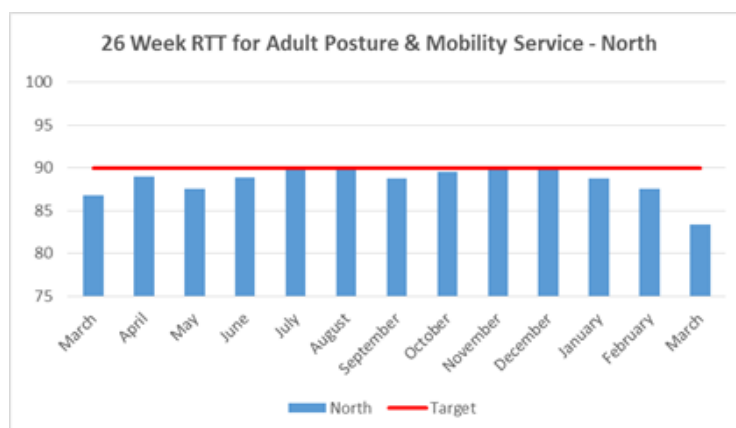
Posture and Mobility

The adult posture and mobility service has seen an overall decrease in performance nationally, going from being above target of 90% within 26 weeks at the beginning of the year, dropping 8% below the target at the end of March.

The paediatric posture and mobility service has been compliant with the target for the whole of 2016/17. Both CVUHB and BCUHB paediatric services achieved target for the majority of the year. The only non-compliance was BCUHB in March when fewer than 5 patients breached making up less than 2% of their waiting list. ABMUHB had two months of non-compliance (September and October) where on both occasions the number of breaches were fewer than 5 making up 26% and 13% of the waiting lists, respectively.

The providers are CVUHB, BCUHB and ABMUHB.

The CVUHB adult service underperformed in the second half of the year which affected the national figures. 235 patients breached in March which accounted for 18% of their waiting list. The BCUHB adult service fluctuated above and below the target throughout 2016/17 ending the year on 83% (17%/111 patients breached).



WHSSC are aware that this position deteriorated due to staff vacancies across all of the sites and is not likely to recover and achieve the national target until mid 2-17/18.

CAMHS

Overall the CAMHS out of area services achieved target of ≥ 14 patients all year. However, the North Wales service underperformed for 9 months. The CAMHS FACTS achieved target for the whole year whilst the South Wales CAMHS service underperformed in one month.

With regards to the performance of the NHS Wales CAMHS service, the performance indicator used was bed days. The two providers are CTUHB and BCUHB. The end of year overall performance improved compared to the beginning of the year; however, there were large swings in performance at both centres from month to month. Home Leave again saw some large swings in performance from month to month throughout the year particularly around December and January, but this is expected during the festive period.

Adult Medium Secure

The Adult Medium Secure service providers are Ty Llewellyn and Caswell Clinic and were compliant nationally with the target for three of the months. Caswell Clinic achieved target on a number of occasions throughout 2016/17; however, Ty Llewellyn failed to hit the target all year. As Ty Llewellyn has smaller capacity, compared to Caswell Clinic, any underperformance at Ty Llewellyn has smaller effect on the overall indicator.

IVF

IVF has only been included within the performance report for 5 months of 2016/17; however, since its inclusion, an improvement in performance has been noted. The providers are Wales Fertility Institute (Neath & Cardiff centres), Liverpool Women's and Shrewsbury.

In all four centres, compliance of 100% has been achieved for the IVF patients waiting for outpatient appointment within 26 weeks.

Liverpool Women's have achieved the target for IVF patients waiting to commence treatment and IVF patients waiting to commence treatment for their 2nd cycle. An improvement against these two indicators has also been noted at Shrewsbury and Neath WFI. Cardiff WFI performance has been fluctuating but no vast improvement made at the end of 2016/17.

Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Implementation of the Plan	
Link to Integrated Commissioning Plan	This report monitors the delivery of the key priorities outlined within WHSSCs Integrated Commissioning Plan.	
Health and Care Standards	Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Not applicable	
Institute for HealthCare Improvement Triple Aim	Not applicable	
Organisational Implications		
Quality, Safety & Patient Experience	The report will monitor quality, safety and patient experience.	
Resources Implications	There are no resource implications at this point	
Risk and Assurance	There are no known risks associated with the proposed framework There are reputational risks to non-delivery of the RTT standards.	
Evidence Base	N/A	
Equality and Diversity	The proposal will ensure that data is available in order to identify any equality and diversity issues.	
Population Health	The core objective of the report is to improve population heath through the availability of data to monitor the performance of specialised services.	
Legal Implications	There are no legal implications relating to this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Not applicable		



		Agenda Item	14
Meeting Title	Joint Committee	Meeting Date	25/07/2017
Report Title	Financial Performance Report – Month 3 2017/18		
Author (Job title)	Finance Manager – MH, DRC, IPFR & MM		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Public

Purpose	<p>The purpose of this report is to set out the estimated financial position for WHSSC for the 3rd month of 2017/18. There is no corrective action required at this point.</p> <p>The financial position is reported against the 2017/18 baselines following provisional approval of the 2017/18 Technical Plan by the Joint Committee in March 2017.</p>			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Not applicable	Meeting Date	
		Meeting Date	
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> Note the current financial position and forecast year-end position. 		

Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓				✓
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓			✓			✓
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓				✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓			✓			✓

1.0 Situation

- 1.1 The purpose of this report is to provide the current financial position of WHSSC together with outturn forecasts for the financial year.

2.0 Background

The financial position is reported against the 2017/18 baselines following provisional approval of the 2017/18 Technical Plan by the Joint Committee in March 2017.

3.0 Assessment

- 3.1 The financial position reported at Month 3 for WHSSC is an underspend to year-end of £236k.

The movements are across various budget headings, with the largest year-end movement being a deterioration of £1.273m against NHS England contracts.

- 3.2 Appendix A contains a full report of the Income and Expenditure values which make up this total, with further detail and explanations.

4.0 Recommendations

- 4.1 Members of the appropriate Group/Committee are requested to:
- **NOTE** the current financial position and forecast year-end position.

5.0 Appendices / Annex

- Appendix A – full report of the details behind the reported financial position. This includes:
 - WHSSC Expected Expenditure breakdown across LHB's/budget headings. This reconciles to the total reported to WG.

Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Development of the Plan	
Link to Integrated Commissioning Plan	This document reports on the ongoing financial performance against the agreed IMTP	
Health and Care Standards	Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Only do what is needed	
Institute for HealthCare Improvement Triple Aim	Reducing the per capita cost of health care	
Organisational Implications		
Quality, Safety & Patient Experience	Not applicable	
Resources Implications	This document reports on the ongoing financial performance against the agreed IMTP	
Risk and Assurance	This document reports on the ongoing financial performance against the agreed IMTP	
Evidence Base	Not applicable	
Equality and Diversity	Not applicable	
Population Health	Not applicable	
Legal Implications	Not applicable	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board		
Joint Committee		

Finance Performance Report – Month 3

1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 3rd month of 2017/18 together with any corrective action required.

The narrative of this report excludes the financial position for EASC, which includes the WAST contracts, the EASC team costs and the QAT team costs, and have a separate Finance Report. For information purposes, the consolidated position is summarised in the table below.

Table 1 - WHSSC / EASC split

	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Movement in Var to date	Current EOYF	Movement in EOYF position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
WHSSC	557,321	139,330	140,318	988	1,607	(236)	523
Sub-total WHSSC	557,321	139,330	140,318	988	1,607	(236)	523
WAST	139,233	34,808	34,808	0	0	0	0
EASC team costs	350	88	91	3	0	14	(1)
QAT team costs	672	168	171	3	0	14	(1)
Sub-total WAST / EASC / QAT	140,255	35,064	35,070	6	0	28	(2)
Total as per Risk-share tables	697,575	174,394	175,388	994	1,607	(208)	521

Please note that as LHB's cover any WHSSC variances, any over/under spends are adjusted back out to LHB's. Therefore, although this document reports on the effective position to date, this value is actually reported through the LHB monthly positions, and the WHSSC position as reported to WG is a nil variance.

2. Background / Introduction

The financial position is reported against the 2017/18 baselines following provisional approval of the 2017/18 Technical Plan by the Joint Committee in March 2017. The remit of WHSSC is to deliver a plan for Health Boards within an overall financially balanced position. However, the composite individual positions are important and are dealt with in this financial report together with consideration of corrective actions as the need arises.

The overall financial position at Month 3 is an overspend of £988k to date, with a forecast year-end underspend of £236k.

The majority of NHS England is reported in line with the previous month's activity returns (Month 2). WHSSC continues to commission in line with the contract intentions agreed as part of the IMTP and 2016/17 Pbr rules, and declines payment for activity that is not compliant with the business rules related to out of time activity. WHSSC does not pay CQUIN payments for the majority of the

English activity. Please note that contract discussions and financial projections are ongoing regarding the impact of the new HRG 4+, and the current to date positions include additional spend in this regard. WHSSC is currently conversing with NHS Improvements regarding the impact of HRG 4+ but have made clear to English providers; WHSSC is unable to take the impact of the price increase.

The inherent increased demand led-financial risk exposure from contracting with the English system remains but it is planned that this will have been partially mitigated in 2017/18 as financial baselines have been uplifted based on historic activity. Reported variances are currently in line with this intention.

3. Governance & Contracting

All budgets have been updated to reflect the 2017/18 approved IMTP, including the full year effects of 2016/17 Developments. The IMTP sets the baseline for all the 2017/18 contract values. This has been translated into the new 2017/18 contract documents.

Distribution of the reported position has been shown using the 2016/17 risk shares based on 2015/16 outturn utilisation, and work is ongoing to move these to the 2016/17 outturn utilisation for Month 4. The Finance Working Group has worked on validating prospective changes to the risk-sharing process, and ongoing updates are be shared with Management Group and Joint Committee regularly. . Until there is formal agreement between Health Boards to progress with the new risk sharing process the current system remains in operation.

4. Actual Year To Date and Forecast Over/(Underspend) (summary)

Table 2 - Expenditure variance analysis

Financial Summary (see Risk-sharing tables for further details)	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Previous month Var to date	Current EOYF Variance	Previous month EOYF Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Wales							
Cardiff & Vale University Health Board	187,484	46,871	46,719	(152)	(165)	(825)	(117)
Abertawe Bro Morgannwg University Health Board	95,761	23,940	24,403	463	(23)	568	171
Cwm Taf University Health Board	7,452	1,863	1,904	41	(65)	32	0
Aneurin Bevan Health Board	8,833	2,208	2,187	(22)	(17)	(22)	0
Hywel Dda Health Board	1,486	371	417	46	40	46	0
Betsi Cadwaladr University Health Board Provider	38,137	9,534	9,538	4	(9)	(108)	(395)
Velindre NHS Trust	38,421	9,605	9,589	(16)	46	(65)	273
Sub-total NHS Wales	377,575	94,394	94,757	363	(194)	(374)	(68)
Non Welsh SLAs	95,774	23,943	25,221	1,278	27	1,277	4
IPFR	28,723	7,181	7,202	21	10	85	59
IVF	4,375	1,094	1,080	(13)	(59)	(126)	(126)
Mental Health	32,718	8,179	7,951	(228)	(90)	(741)	(549)
Renal	5,227	1,307	1,203	(104)	(165)	307	37

Financial Summary (see Risk-sharing tables for further details)	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Previous month Var to date	Current EOYF Variance	Previous month EOYF Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Prior Year developments	6,035	1,509	1,528	19	0	4	(72)
2016/17 Plan Developments	3,395	849	624	(225)	(63)	(794)	(204)
Direct Running Costs	3,499	875	752	(123)	(85)	124	160
Total Expenditure	557,321	139,330	140,318	988	(619)	(237)	(759)

The reported position is based on the following:

- NHS Wales activity – based on Month 2 data or Annual Plan values if deemed to vary from the 2016/17 outturn.
- NHS England activity – Month 2 data in most cases. Most final 2016/17 returns have now been received, and work is ongoing to analyse the final performances against the 2016/17 Balance Sheet Reserves.
- IVF – one NHS Wales contract, with some NHS England activity and IPFR approvals. Except for the NHS Wales contract, the other budget lines have been reported as break-even for year-end pending more activity data.
- IPFR – based on approved Funding Requests; reporting dates based on usual lead times for the various treatments, with unclaimed funding being released after 36 weeks.
- Renal – a variety of bases; please refer to the risk-sharing tab for Renal for more details on the various budgets and providers.
- Mental Health – live patient data as at the end of the month, plus current funding approvals. This excludes High Secure, where the 2 contracts are calculated using previous years occupancy.
- Developments – variety of bases, including agreed phasing of funding. Financial impacts of approved funding releases are currently accounted for in the forecasts.

** Please note that Income is collected from LHB's in equal 12ths, therefore there is usually an excess budget in Months 1-11 which relates to Developments funding in future months. To keep the Income and Expenditure position equal, the phasing adjustment is shown on a separate line for transparency and is accrued to date to avoid a technical underspend.

5. Financial position detail - Providers

5.1 NHS Wales – Cardiff & Vale contract:

Various over and underspends from the Month 2 data have been extrapolated to a total Month 3 position of £152k underspent, with a year-end forecast of £825k underspent. These figures include the net effect of the development and savings funding available to the LHB. The position includes the following areas:

- Cardiology – activity remains buoyant in this area (particularly with PCI and ICD procedures) giving an increase in the YTD position compared to month 2

with the overspend now standing at £378k across all 5 sub-headings. The position is slightly skewed as Cwm Taf are still referring patients to Cardiff and Vale. This trend of overperformance is likely to continue throughout the year. WHSSC is working with the programme team and the network to assess this area. Please note that budget for 16/17 planned recurrent overperformance has been moved to the Developments area whilst the policy is reviewed. The growth in activity for 17/18 is currently above these levels.

- Cardiac Surgery – the trend of underperformance remains in this area with the YTD underspend increasing in month 3 to £266k across all 3 sub-headings. Theatre team availability has been an issue at the start of the year but should ease as the year progresses. The year end forecast will worsen as AMBU referrals to Cardiff & Vale have now stopped. WHSSC is currently awaiting a revised delivery plan from the provider.
- TAVI – an underspend of £59k exists at month 3. This is a continuing trend from 2016/17 and shows no signs of changing during this year as only 3 procedures have been completed so far this year. We have based our year end forecast on the same patient numbers as were outturned last year.
- Neurology – a YTD overspend of £43k exists in this area. This is driven by in-patients this month and should not be a continuing trend. The year end forecast in this area is based upon 16/17 outturn.
- Hospital Renal Dialysis – the YTD overspend has increased in month 3 and now stands at £104k. This is due to unfunded cost pressure from 16/17 manifesting itself in this financial year. The result is a current year end forecast of £800k overspent. This will be offset by the planned funding HBs provided for through the IMTP.
- Renal Transplants – activity in this area has not yet been re-baselined, conversations are still on going with the service. At present, the YTD underspend stands at £76k with a year end forecast of £437k underspent.
- Renal – the Renal service baseline has been uplifted to offset the net effect of growth in Cardiff & Vale and ABMU renal services.
- NICU – the YTD underspend of £118k in this area is now based upon month 2 badgernet data, extrapolated for the remainder of the year.
- BMT – the YTD position in this area has worsened slightly and now stands at £84k. The year end forecast is based upon 16/17 outturn as the revision of the baseline this year has had an impact in this area as has the fact that phase 3 is still being implemented.

5.2 NHS Wales – ABM contract:

Various over and underspends from the Month 2 data have been extrapolated to a month 3 position of £463k overpent, with a year-end forecast of £568k overspent. The position includes:

- Renal – a YTD position of £85k overspent exists in this area which is driven by overperformance in hospital renal dialysis which will continue throughout the year giving rise to a forecast year end overspend of £277k.
- Cardiac Surgery – an underspend at month 3 exists of £142k. Scrub nurse availability will remain an issue though the first half of this year but as ABMU are no longer referring patients to Cardiff & Vale, WHSSC expects activity to increase throughout the remainder of the year. The TAVI element has been split to Developments but ongoing discussion with regards the policy should provide more clarity regarding the year end position in the coming months.
- Cardiology – a large increase in Defibs and Ablations this month has seen the position turn to a £129k overspend with a year end forecast moved by £155k to take account of this. Please note consistent with other providers the recurrent 16/17 overperformance budget for Cardiology is now reported through the Developments area whilst the policy is reviewed. The current position is in excess of these provisions.
- Thoracic – the service has moved to an overspend of £129k YTD as a result of extra resections performed to address waiting lists; however, this is not sustainable through the remainder of the year. As a result, the forecast is held at the month 3 position of £129k overspent.
- Plastics – year end forecast of £50k underspent is reported for this area. This increase over last month's forecast is driven by an YTD spend increase reducing the underspend this month. As a result of £102k increased expenditure exists as a result of large amounts of emergency activity through the sustained spell of hot weather. Casemix is also an issue in this area as a flat rate of £2k per procedure exists irrespective of the complexity of the procedure. This is not a sustainable trend for the remainder of the year.
- Burns – the YTD position has moved to an overspend of £76k which is driven by discharges of some long stay patients. The year end position remains at break even as this is not a continuing trend.
- Bariatrics – a month 3 overspend of £44k is reported in this area. This is a result of an activity fall over from 2016/17 and will thus slow during the year resulting in a forecast to baseline.
- Sarcoma – at month 3, this area is £54k underspent which is mostly a result of the Cardiff and Vale service closure. However, this is said to be low for the levels of activity required and therefore is not expected to continue at this

lower level for the remainder of the year. As such, the forecast has been kept at this level.

- NICU – the YTD overspend has increased to £111k in this area. This is as a result of being able to use more up to date month 2 Badgernet data.
-

5.3 NHS Wales – BCU contract:

An increase in angioplasty activity in month has resulted in a YTD underspend position reducing to £43k with a corresponding drop in year end forecast underspend to £258k. Haemophillia has seen a sharp increase in year end forecast to a £150k overspend due to one high cost patient being diagnosed at the end of June. This is risk-shared wholly to BCU.

5.4 NHS Wales – Cwm Taf contract:

No material variances to report at this point in the year.

5.5 NHS Wales – Aneurin Bevan contract:

No material variances to report at this point in the year.

5.6 NHS Wales – Hywel Dda contract:

No material variances to report at this point in the year.

5.7 NHS Wales – Velindre contract:

The WBS block contract now includes the HEV testing development and MUD transplant work up element of the BMT phase 3 case.

The Velindre contract is forecasting £65k under performance, mostly attributable to Melanoma NICE drugs.

5.8 NHS England contracts:

Total £1,278k overspend to month 3, which is a deterioration of £1,250k from Month 2. The English position has been reported, using Month 2 monitoring returns in most cases. The activity included in the monitoring returns received from English providers is costed using the new HRG4+ prices which will be included in the to date position. As WHSSC is currently disputing the price increase, this impact has not been extrapolated into the forecast position at month 3. Health Boards are not funded for the cost of HRG4+ on its prices, and discussions are ongoing regarding this impact, particularly on Betsi Cadwaladr Heath Board.

Final 16/17 positions will be reconciled within the Balance Sheet in 17/18.

Please note that the new HRG4+ tariff has created overspends against some providers for WHSSC; these are within the reported spend, but are being disputed. Generally activity at this time of the year tends to be lower than average. This seems evident with some of the English providers. The extent to which this lower level of activity is masking any price increase is very difficult to calculate. The larger variances include:

- Imperial – £185k overspend to date ; this includes high Critical Care costs, paediatric BMT and a Vascular surgery patient.
- University Hospital Bristol – overspend to date of £124k; this relates to Paediatric Congenital Heart surgery where activity is currently running twice as much as the same period in 2016/17. The provider is going to confirm if this is an increase in demand or a backlog of activity.
- Royal Brompton – overspend to date of £97k; Two Lung Transplants to date and 3 patients costing £179k. This contract is expected to be hit by price increases but activity is currently at a lower level than anticipated.
- Alder Hey Children's - Core contract: Overspend to date of £332k includes 1 Respiratory ECMO and significant PICU/NICU & Critical care bed days for small number of patients. Blood Products: overspend to date at £184k includes 4 high cost Haemophilia patients to M2.
- Central Manchester – underspend to date of £134k. Activity in months 1 & 2 lower than average. The year end forecast assumes activity to planned levels in future months.
- Liverpool Heart & Chest – overspend to date of £425k. Impact of tariff continues on overall contract with a straight line forecast at £1.7m.
- Walton Centre – overspend to date of £279k. Although, there is an element of increased activity in M2, impact of tariff continues with a straight line forecast at £1.2m.

Detailed explanations and trends on all the English providers are noted on the appropriate tab of the financial Risk-sharing tables sent to all LHB's on the 3rd working day; please see them for any further details. Triangulation of alternative methods of forecasting informs the degree of risk at any time and are reviewed each month.

5.9 IPFR:

Various budgets totalling an overspend to year-end of £85k. These include:

- New lines have been inserted for Month 3 for VAD and ECMO costs, to inform of the underlying split of high-cost treatments. As the spend so far in 17/18

is lower than 16/17, these lines have technical underspends, with a technical overspend on the General line that they have been split out from.

- PHT has a forecast underspend of £305k due to a reduced demand on the budget through the contract spends. Work is ongoing regarding combining all the spend through the various providers into just one area to keep the reporting simpler.
- General IPFR, ALAS, HPN, and MS have various performance to date, and although there have been the usual high-cost patients, the costs have been alleviated by other underspends.

5.10 IVF:

A small overspend of £23k has been reported against English and private providers, but break-even for year-end as activity is expected to the planned level for the year.

The underspend against the ABM contract of £36k to date has been extrapolated to a year-end underspend of £126k, as per the contract monitoring projections received.

5.11 Mental Health:

Various budgets totalling an underspend to date of £228k and a year-end forecast underspend of £741k. These budgets include:

- The High Secure contract with Ashworth has been finalised for 2017/18 as £10,656k, against the Annual Plan budget of £10,767k, leading to a small underspend for the year. The current Rampton proposals are also creating a forecast underspend against the budget; this may increase depending on discussions regarding one DSPD patient.
- Medium Secure has an underspend reported of £187k to date, based on current and expected patients. This area received growth funding in the Annual Plan and is currently expected to have a year-end underspend of £754k due to several discharges so far this year.

The new Case Management teams funded in 2016/17 are now progressing through their recruitment, and it was expected that the increased clinical support in this area would reduce patient numbers going forward as staff come into post.

- South Wales CAMHS and All-Wales FACTS inpatient budgets have continued low activity and currently have a combined underspend of £122k to date and £273k year-end.

- BCU CAMHS inpatient budget has an unexpected overspend of £320k to Month 3 due to 10 admissions over April/May, with only 4 discharges. The current year-end position of £721k overspent assumes that an average of 2 patients will be discharged for the remaining months and that activity will reduce, but this area is a significant risk for the LHB as all spend is risk-shared 100% back to them.

5.12 Renal:

At the moment the implementation of the WRCN 17-18 financial plan is just starting up and costs have yet to be incurred across a number of budget lines.

The drop in activity at Liverpool has resulted in an overall underspend across NHS England contracts. This is expected to be a short term effect only and numbers are expected to increase as the year progresses.

Funding has been provided to the network to help with expected cost increases. All of this is expected to be fully committed and spent by the end of March.

5.13 Reserves:

Reserves from the 16/17 Balance Sheet will be analysed over the coming months as final 16/17 charges are received. Any releases will be reported as soon as possible.

5.14 Developments:

There is a total of £9,430k funded developments in the 2017/18 position, £6,035k of which relates to developments from prior years for high cost drugs and new technology investments.

A performance provision of £2,036k has been established for recurrent over performance in the ABM and C&V SLAs that has not been transferred into provider baselines. The C&V cardiology performance provision is reduced by £250k of localised cardiology savings currently being developed between WHSSC, AB and Cwm Taf.

The 2017/18 plan developments of £1,359k includes a provision for £100k relating to radiotherapy capacity at Velindre. As this business case is unlikely to be approved by the commissioning health boards in 2017/18 this is forecast to be passed back to commissioners in full. The £25k provision for additional thoracic capacity for South East Wales is also forecast to be returned as the weekend working at the end of 2016/17 cleared the backlog of waiting list breaches.

The £225k provision for South West Wales Thoracic activity remains in place until it is clearer what level of activity will be undertaken by UH North Staffordshire. The £800k provision for dialysis growth has been reported as a full underspend as costs have been reported within LTA lines. The 17/18 new genetics scheme

expenditure is assumed in line with plan, pending publication of the Welsh Genomic Strategy for Precision Medicine work programme in July.

5.15 Direct Running Costs (Staffing and non-pay):

The running cost budget is currently £123k underspent. This is due to the significant staffing vacancies the organisation is currently running with; some should be appointed to shortly and there is some minimal Agency spend in the meantime.

Non-pay overspends include the Cwm Taf hosting fee. Netting off the non-pay forecast overspend with the staffing forecast underspend gives a current year-end forecast of £124k overspent.

Please note that the lease on the current Caerphilly office expires in March 2018, and new premises are being sourced. A provision for Dilapidations was entered in the 2016/17 Annual Accounts for £96k.

6. Financial position detail – by Commissioners

The financial arrangements for WHSSC do not allow WHSSC to either over or underspend, and thus any variance is distributed to LHB's based on a clearly defined risk sharing mechanism. The following table provides details of how the current variance is allocated and how the movements from last month impact on LHB's.

Table 3 – Year to Date position by LHB

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	ABM £'000	Cwm Taf £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
Variance M3	988	(14)	126	141	(330)	92	(143)	1,115
Variance M2	(619)	(71)	(186)	35	(183)	(135)	(145)	65
Movement	1,608	57	312	106	(147)	227	2	1,050

Table 4 – End of Year Forecast by LHB

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	ABM £'000	Cwm Taf £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
EOY forecast M3	(236)	(336)	(365)	16	(577)	47	(174)	1,153
EOY forecast M2	(760)	31	13	155	(241)	(140)	(182)	(396)
EOY movement	523	(367)	(378)	(139)	(336)	187	8	1,549

Please note that as the risk-sharing is still based on last year-end shares, some of these positions may move once that is updated for the new year. Any movements will be reconciled.

Material reporting positions or movements include:

6.1 Cardiff & Vale LHB:

- Cardiff & Vale contract – small year-end underspend on the contract overall; includes £252k overspend on Hospital Renal Dialysis, netted against £100k underspend on Renal Transplants and £97k on BMT's.
- NHS England - £92k year-end forecast underspend across various providers
- Velindre – underspends of £28k to date and £149k year-end, primarily in relation to Melanoma pathway drugs
- Mental Health – underspends of £71k to date and £182k year-end, across High Secure, Medium Secure and CAMHS.
- Developments – underspend of £32k to date and £116k year-end, primarily due to Dialysis Growth.

6.2 ABM LHB:

- ABM contract – various areas totalling a deterioration of £271k to date and £223k year-end. The largest year-end forecast overspends are Cardiology at £78k and Thoracic at £87k.
- Cardiff & Vale contract – total overspend of £26k to date and year-end forecast underspend of £525k. The year-end underspends include £306k for Cardiac Surgery, £106k for BMT's and £109k for Renal Transplants.
- NHS England - £95k year-end forecast underspend across various providers
- Mental Health – underspends of £76k to date and £150k year-end, across High Secure, Medium Secure and CAMHS.

6.3 Cwm Taf LHB:

- ABM & Aneurin Bevan contracts – underspends on ABM Neonatal care costs netted against overspends on the Aneurin Bevan Neonatal care costs total £79k overspend to date and £5k underspend year-end.
- Cwm Taf contract – further Neonatal overspends of £47k to date and £42k year-end
- Velindre – underspends of £11k to date and £63k year-end, primarily in relation to Melanoma pathway drugs
- Mental Health – underspends of £58k to date and £82k year-end, across High Secure, Medium Secure and CAMHS.

6.4 Aneurin Bevan LHB:

- Aneurin Bevan contract – total underspends of £83k to date and £106k year-end, spread across the various headings.
- Cardiff & Vale contract – small underspends on the contract overall; includes £330k year-end overspend on Hospital Renal Dialysis, netted against £122k underspend on Renal Transplants, £151k on BMT's, and £93k on NICU BH.
- NHS England - £66k year-end forecast underspend across various providers
- Velindre – underspends of £21k to date and £116k year-end, primarily in relation to Melanoma pathway drugs
- Mental Health – underspends of £30k to date and £111k year-end, across High Secure, Medium Secure and CAMHS.
- Developments – underspend of £28k to date and £110k year-end, primarily due to Dialysis Growth.

6.5 Hywel Dda LHB:

- ABM contract – various areas totalling overspends of £152k to date and £283k year-end. The largest year-end forecast overspend relates to Neonatal Care of £157k, with a smaller overspend of £68k on Cardiology.
- Cardiff & Vale contract – various areas totalling an overspend of £22k to date, but with a year-end underspend of £167k, relating primarily to Renal Transplants and BMT's.

6.6 Powys LHB:

- No material variances to report.

6.7 BCU LHB:

- BCU contract – total contract overspend of £13k overspend to date and £288k year-end underspend, primarily on Angioplasty and Haemophilia.
- NHS England contracts – various contract movements totalling overspends of £900k to date and £923k year-end. Please refer to the risk-share tables to see the breakdown of the deterioration in the NHS England position to Month 3.
- CAMHS – deterioration of £115k to date and £409k year-end forecast. This relates to the increased occupancy of OOA beds; OOA CAMHS totals 10 patients as of June 2017, an increase of 6 patients from the end of 2016/17. Please note the financial forecast assumes the discharge of 2 of these patients on average across the remaining months, so the position remains volatile and is of concern.
- The additional cost of HRG4+ is likely to affect the border Health Boards more than the others. The impact is clearly evident in the BCU position but is likely to affect Powys in the coming months. The HRG4+ exposure to the Health Board is circa £5m full year. WHSSC acknowledge that BCU has taken account of this impact but has adjusted to negate somewhat.

7. Income / Expenditure Assumptions

7.1 Income from LHB's

The table below shows the level of current year outstanding income from Health Boards in relation to the IMTP and in-year Income adjustments. There are no notified disputes regarding the Income assumptions related to the WHSSC IMTP.

Please note that Income for WHSSC/EASC elements has been separated, although both organisations share one Bank Account. The below table uses the total Income to allow reconciliation to the MMR returns; please refer to the Income tab on the monthly risk-sharing file to see all the details relating to the Commissioner Income if necessary.

Table 5 – 2017/18 Income Expected and Received to Date

	2017/18 Planned Commissioner Income	Income Expected to Date	Actual Income Received to Date	Accrued Income - WHSSC	Accrued Income - EASC	Total Income Accounted to Date	EOY Comm'er Position	Other sundry Income (invoiced)	EOY total expected income
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ABM	117,570	29,393	29,393	0	0	29,393	(359)	0	117,211
Aneurin Bevan	129,864	32,466	32,457	10	0	32,466	(572)	0	129,292
Betsi Cadwaladr	158,102	39,526	39,525	0	0	39,525	1,159	0	159,261
Cardiff and Vale	115,662	28,915	28,915	0	0	28,915	(332)	0	115,330
Cwm Taf	64,197	16,049	16,048	1	0	16,049	19	0	64,216
Hywel Dda	79,610	19,902	19,902	0	0	19,902	49	0	79,659
Powys	32,570	8,143	8,031	60	52	8,142	(172)	0	32,398
Public Health Wales						0			0
Velindre						0			0
WAST						0			0
Total	697,575	174,394	174,271	71	52	174,394	(208)	0	697,367

An additional columns relating to Other Sundry Income has been shown to reconcile the total anticipated Income as per the I&E expectations submitted to WG as part of the monthly Monitoring Returns ie. Both risk-shared Commissioner Income plus sundry non-recurring income through invoices. This should help reconciliation between WHSSC and other organisations' I&E tables, and expedite clarifying any differences, as per WG requests. Please note that secondment income is netted against the payroll spend and is therefore included in our Expenditure figures.

Invoices over 11 weeks in age detailed to aid LHB's in clearing them before Arbitration dates:

- ABM LHB – Inv 3346 - £300,741 Return of LTA funding 2016/17, as agreed through AOB year-end exercise.

7.2 Expenditure with LHB's

A full breakdown of the expected expenditure across LHB's and budget headings is included as Annex A. These figures are also reported in the I&E expectations submitted to WG as part of the monthly Monitoring Returns. This Annex should help reconciliation between WHSSC and other organisations' I&E tables, and expedite clarifying any differences, as per WG requests.

8. Overview of Key Risks / Opportunities

The key risks remain consistent with those identified in the Annual Plan process to date:

- Phasing of Development funding as projects start; possible slippage in start dates may lead to non-recurrent in-year savings.
- Growth in all activity above that projected in the IMTP.
- Lack of investment in unfunded schemes which may incur costs anyway (figures quoted are extracted from Plan document tables 9d-f):
 - Prioritisation New Technology interventions - £250k
 - Cardiac ablation for AF and VT - £556k
 - Posture & Mobility – replacement of wheelchairs - £400k
 - PET policy – new indications growth & target access rates - £486k
 - Cochlear & BAHA's - £405k
 - Implement Thoracic Commissioning Plans - £353k
 - Renal Replacement Therapy Demand provision - £370k
 - BCU ALAS – Capacity for war veterans - £72k
 - Additional PICU capacity - £275k
 - Neurosurgery RTT clear backlog - £375k
 - IVF sustain RTT - £300k
 - Neuro-oncology - £240k
 - Remaining schemes not included as classified as Amber schemes; above schemes are classified as Red schemes.

The additional risks and opportunities highlighted are:

- Additional costs related to the new HRG4+ pbr tariff in NHS England – please note a significant increase in these costs has been reported within the position already to Month 3, but there is the risk that these may increase. Of the £1.2m movement overall within English providers circa £720k can be assessed against changes in prices as per the providers below:
 - LHCH - £300k
 - Walton - £150k
 - Bristol - £83k

UCLH - £40k

Guys – £81k

Brompton - £65k

Furthermore for the list of providers below, there is an expectation that HRG 4+ will have an adverse impact on the financial position. However, the activity data provided to date presents lower levels of activity overall to month 2:

UHBirmingham

UHSouth Manchester

Papworth

Christie

WHSSC colleagues continue to work on the impact assessment to clarify the pricing impact on specialist contracted areas.

- BCU CAMHS – high activity in the first two months of the year would lead to an additional cost projection of £540k if patient levels do not drop.
- Wales OPCS codes to be regrouped; there is the risk of costs being grouped into higher levels than previously.
- Reserves releases – there may be opportunities to write back accruals from 2016/17

All these headings have been entered in Table G of the MMR tables, but with nil “Most Likely” values given that this is the early part of the year, and most contract monitoring has only been received to the Month 2 level at this point.

9. Public Sector Payment Compliance

The WHSSC payment compliance target is consolidated and reported through the Cwm Taf monitoring process.

10. Responses to Action Notes from WG MMR responses

Action Point 2.1 – All Welsh LTA’s have been signed off, so there should be minimal I&E differences for Month 3 other than in those areas identified in this report. However, the LHB’s that responded to the detailed schedule sent out following receipt of the Month 2 reconciliation all confirmed they had not taken account of the non-LTA income they would receive from ourselves, which led to the apparent differences. Hopefully they will include these balances within their month 3 returns.

Please note that there will still remain a variance between WHSSC and WAST of £1.184m relating to £666k for the Clinical Desk enhancements and £518k for the ESMCP project. WG have not yet processed the allocations to LHB’s for these two funding areas; WHSSC therefore cannot collect this funding to pass over to WAST until the allocations have been confirmed.

Action Point 2.2 – Regarding the risk relating to HRG 4+, please note the increased year-end movement on NHS England of £1.3m across specific providers.

11. Confirmation of position report by the MD and DOF:

Stuart Davies,
Acting Managing Director, WHSSC

Stacey Taylor,
Deputy Director of Finance, WHSSC



Annex A - 2017/18 Expected Expenditure

	2017/18 Baseline contract	2017/18 Contract EOYF variance	IPFR	IVF	Mental Health	Renal	Develo- pments & Reserves	WHSSC/ EASC/QAT Running Costs (includes Secondment income)	2017/18 Sub-Total Other Spend	2017/18 Total expected spend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ABM	95,761	568	87	2,813	333	616	669	2	5,089	100,850
Aneurin Bevan	8,833	(22)	21			142		(131)	10	8,843
Betsi Cadwaladr	38,137	(108)	1,422		168	681	0	(55)	2,107	40,244
Cardiff and Vale	187,484	(825)	7,953			1,368	5,146	63	13,704	201,188
Cwm Taf	7,452	32	0			0		476	509	7,961
Hywel Dda	1,486	46	28			551		0	625	2,111
Powys			0			0		0	0	0
Public Health			8			0		(73)	(65)	(65)
Velindre	38,421	(65)	129			109	714	(90)	795	39,216
WAST (managed by EASC)	139,233	0	0			60		0	60	139,293
Total	516,807	(374)	9,648	2,813	500	3,527	6,528	192	22,834	539,641



Agenda Item 15.1
WHSSC Joint Committee Meeting
25 July 2017

Reporting Committee	Wales Child and Adolescent Mental Health Service and Eating Disorders Network Steering Group
Chaired by	Carol Shillabeer
Lead Executive Director	Mark Dickinson
Date of last meeting	23 June 2017
Summary of key matters considered by the Committee and any related decisions made.	
<ul style="list-style-type: none"> An App was launched by Health Secretary, Vaughan Gething on 13 June 2017 to provide information and enable early intervention for those suspected of having an eating disorder. At the request of Professor Dame Sue Bailey the Network will carry out a review of Assertive Outreach Teams, current models and effective evidence based practice being used. The Network will undertake a review of the current provision of Low Secure services provided for young people in Wales. Very positive feedback was received with regard to the "Refugee and Asylum Seeking Children" training. Funded by the Welsh Government the training was organised and hosted by the Network and delivered by the Tavistock and Portman NHS Trust. The training was delivered in May 2017 with ten supervision session to take place throughout the year. The Network continues to support the work carried out by the "Together for Children and Young People" programme. All Health Boards have been involved in the development and design of a draft Performance Dashboard for Specialist CAMHS services. 	
Key risks and issues/matters of concern and any mitigating actions	
<ul style="list-style-type: none"> The following Health Boards are yet to complete the "Refugee and Asylum Seeking Children" training, Powys, Cardiff and Vale, Cwm Taf. 	
Matters requiring Committee level consideration and/or approval	
<ul style="list-style-type: none"> None 	
Matters referred to other Committees	
<ul style="list-style-type: none"> None 	
Confirmed Minutes for the meeting held 23 June 2017 are available on request.	
Date of next meeting	1 September 2017