

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

held on 26 September 2017  
at Health and Care Research, Castlebridge 4,  
Cowbridge Road East, Cardiff

### Members Present

Vivienne Harpwood	(VH)	Chair
Lyn Meadows	(LM)	Vice Chair
Marcus Longley	(ML)	Independent Member
Chris Turner	(CT)	Independent Member/ Audit Lead
Gary Doherty	(GD)	Chief Executive, Betsi Cadwaladr UHB(part meeting)
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB (via Videoconference)
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB
Stuart Davies	(SD)	Director of Finance, WHSSC
Carole Bell	(CB)	Director of Nursing and Quality, WHSSC

### Associate Members

Chris Koehli	(CK)	Interim Chair of Quality and Patient Safety Committee
John Williams	(JW)	Chair of Welsh Renal Clinical Network

### Apologies:

Alexandra Howells	(AH)	Acting Chief Executive, Abertawe Bro Morgannwg UHB
Sian Lewis	(SL)	Managing Director, WHSSC
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Tracey Cooper	(TC)	Chief Executive, Public Health Wales
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust

### In Attendance

Shakeel Ahmad	(SA)	Associate Medical Director (Neurosciences & Complex Conditions), WHSSC
Andrew Champion	(AC)	Assistant Director Evidence, Evaluation & Effectives, WHSSC
Sian Harrop-Griffiths	(SHG)	Executive Director of Strategy, Abertawe Bro Morgannwg UHB
Sharon Hopkins	(SH)	Executive Director of Public Health/ Deputy Chief Executive, Cardiff and Vale UHB
Claire Nelson	(IL)	Acting Assistant Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

### Minutes:

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

JC17/045 **Welcome, Introductions and Apologies**

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

JC17/046 **Declarations of Interest**

Dr Chris Turner declared an interest in relation to item 10, Risk Management Framework Alternative Augmentative Communication (AAC) Service as a Governor of Cardiff Metropolitan University, as it was the University that had been commissioned to undertake the evaluation of the AAC service.

The interest was noted; no action was required.

JC17/047 **Patient Story**

Members received a presentation of two patient stories relating to Motor Neurone Disease; a patient voice, and a family member's perspective.

Members heard how the disease had affected the individuals in their daily lives and the moment at which the diagnosis was made. Members learned about the significant impact Alternative Augmentative Communication technology had on those with the disease, how it had enabled them to have a voice after losing theirs to the disease, and supported a family in spending quality time together.

The Chair thanked the contributors and requested a formal letter of thanks be sent on behalf of the Committee.

**Action**

- **Chair to send formal letter of thanks to the two contributors**

Members **resolved** to:

- **Note** the patient stories

JC17/048 **Accuracy of Minutes of the meeting held 25 July 2017**

Members reviewed and approved the minutes of the meeting held on 25 July 2017 as a true and accurate record.

**Matters Arising**

JC17/034 – Perinatal Mental Health

Members received an update noting that a meeting had been arranged to discuss the feedback from the Joint Committee meeting and review the options appraisal paper and wider evidence. It was noted that a Workforce Group had been established and was scheduled to meet on 13 October 2017 to review the broader model. Members were advised that Health Board Representatives had been invited to attend the meeting. Members were reminded of the inquiry into Perinatal Mental

Health Services and the political interest to find a solution in Wales.

It was noted that a revised options paper would be presented to the WHSSC Joint Committee in January 2018.

JC17/049 **Action Log**

Members reviewed the action log and received the following updates.

JC011/012/013- Provision of Specialised Neurosciences in NHS Wales  
Members noted that work was progressing on development of the strategy, that these actions would be rolled into the output on the Neurosciences Strategy and it was anticipated that the paper would be presented in March 2018.

JC014/015/016/017 were picked up and addressed within the main agenda items.

JC17/050 **Report from the Chair**

It was noted that this was the inaugural meeting for Professor Harpwood as the new Chair of WHSSC, and as such there were no formal items on which to update Members.

Members noted that the Chair had held meetings with members of staff and other stakeholders and looked forward to working with the WHSSC team.

JC17/051 **Report from the Acting Managing Director**

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

SL thanked SD for his contribution over the last year as Acting Managing Director and providing stability and leadership for WHSSC.

Members received an overview of the key areas of focus for the organisation over the next few months including; internal reconfiguration and building teams. This also involved taking forward the recommendations of the Culture Review. Members noted that a recent 'temperature check' evidenced positive change within the organisation. It was noted that a paper on the recent review of the Management Group would be presented at a future Joint Committee meeting for consideration.

Members noted that SL had held meetings with a number of stakeholders as part of the work to progress the development of a Strategy for WHSSC.

Neonatal Transport

Work was continuing around reviewing risks associated with the service and funding allocations for the service. Members were informed that the work to date had identified a number of more complicated issues than initially anticipated. It was noted that the Neonatal Transport service was to be reviewed as part of the prioritisation process for the 2018-19 ICP.

It was noted that, in the context of considering schemes for the 2018-19 Plan, it was anticipated that there would be a more challenging financial environment which would require tougher decision making based on available evidence. It was therefore requested that the Joint Committee was given visibility of any issues arising to be fully sighted. In regard to neonatal services, it was suggested that there was a requirement to understand exactly what service provision was needed and whether any alternatives were available to meet that need.

#### All Wales Blood Service Programme

The programme closure report had been received by WHSSC and was circulated with the meeting papers for information.

Members **resolved** to:

- **Note** the content of the report
- **Receive** the All Wales Blood Service Programme Closure report

#### JC17/052 **Thoracic Surgery Review: Project Update**

Members received a report which provided an update on progress, consider the timescales for decision making and sought approval for the processes and documentation underpinning the final decision by the Joint Committee regarding the number and location of future services in south Wales.

Members received an overview of the engagement process noting that the engagement documents had been circulated to each Health Board for consideration at their respective Board meetings. The information was also submitted to the Community Health Councils (CHCs). Ultimately the CHCs would determine whether there was a requirement to undertake a formal consultation process.

It was noted that there would be a two phase decision making processes. Phase 1 to determine whether the service should be delivered over one or two sites and Phase 2 to determine the location of the service should the decision be taken that it should be on one site.

Members noted that a second timeline had been circulated to members, this was further to feedback received from engagement leads that the original timeline was too ambitious and that additional time was required to allow a proper and robust process to be followed.

It was noted, given that there had been a substantial length of time since the project was established, that the Project Board had re-reviewed the

process documentation and re-approved it at the last Project Board meeting. It was noted that CVUHB had requested a change to the wording in the engagement document and that it had been agreed that this would be reflected in the Frequently Asked Questions document which was being produced.

Members received an overview of the decision making process and members were asked whether they were content for the Project Board to sign off on the criteria that the Independent Panel would use to develop a recommendation, or whether this should be referred back to the Joint Committee – it was agreed to reserve this to the Joint Committee to provide consistency of process with the Neonatal work and also to ensure that there was open challenge and scrutiny. It was further agreed that the criteria could be considered at a virtual meeting of the Joint Committee during December 2017.

A question was raised around the definition of an independent panel and the level of independence of its members. It was noted that the Panel would consist of representatives from the NHS in north Wales as non-conflicted and knowledgeable of NHS service provision in Wales, and expert representation from NHS England. Members were advised that the model would follow that of the Neonatal Workforce project undertaken last year, as it was felt that the process was successful and supported by the CHCs.

It was suggested that a 'process on a page' be developed to clearly outline the key points for decision and who was involved. It was noted that this would assist in providing a greater level of assurance to Health Boards around process and governance and identify where input was required from Health Board.

### **Action**

**Process on a page to be developed to clearly outline the process and those involved at key points.**

A discussion was held around the alternative timeline, and what point in the process value for money and affordability would be considered. It was noted that SD was leading on the work around value for money and that this would be embedded at every stage of the process, it was confirmed that the alternative timeline would involve the Joint Committee taking a decision at its meeting on 30 January 2018 that would be reported to the Boards of Health Boards at their March 2018 meetings.

A question was raised around the data used to map travel times for patients when considering phase one options and ensuring consideration of proportion of population. It was noted that a number of travel patterns were being considered including those used for the major trauma centre for non-elective cases.

## Action

- **Phase 2 criteria to be presented to Joint Committee for approval at virtual meeting during December 2017**

A question was raised as to whether the CHCs had reviewed the alternative timeline and whether they were supportive. It was agreed that SL would send the revised timeline to the CHCs for information.

## Action

- **SL to send revised timeline to CHCs for information.**

GD joined the meeting

Members resolved to:

- **Note** the update to the Thoracic Surgery Review Project
- **Approve** the alternative timeline for the decision process
- **Approve** the Engagement Documentation
- **Agree** that the sign off of the criteria to be used by the Independent Panel is undertaken by the WHSSC Joint Committee.

## JC17/053 **Positron Emission Tomography (PET) Policy development**

Members received a paper that presented a business case which mitigated the financial risk associated with proposed changes to the PET policy as recommended by the All Wales PET Advisory Group (AWPET). The proposal was principally based on funding the PET expansion for new indications from the predicted over provision for PET scans in the 2017-20 ICP.

AC presented the paper noting that this had not been previously considered within the ICP as no new interventions were considered. It was noted that PET had been highlighted via the ICP Risk Management Framework and that there was a strong evidence base that the expansion of the PET policy for new indications would result in clinical and cost benefits within Health Boards for patients who were more appropriately managed following successful PET scans but it was difficult to achieve visibility of this.

Members were advised that the Management Group had considered a draft business case in July 2017 and supported the proposal for in-year development subject to receipt of assurances from Welsh Government regarding financial underwriting. A formal response was awaited from Welsh Government but informal indications suggested there would be support for the proposal but that financial underwriting might not be forthcoming.

Members noted the detail provided within the report and the work undertaken by the AWPET, differences between England and Wales and the anticipated levels of activity. It was also noted that current contract

for PET would be reviewed as part of the ICP development for next year.

A question was raised in relation to the evidence for clinical and financial impact to support the changes to criteria and indications. It was noted that NICE had modelled this for some indications (e.g. head and neck) but the modelling was resource heavy and took considerable time to develop. Members noted that work had been carried out on different elements of the process which had been taken through Management Group prioritisation and clinical impact assessments with the risk assessment element presented to the WHSSC Joint Committee.

A discussion followed around understanding where PET was being used as an alternative to other diagnostic tools and the cost savings, concerns relating to growth in demand if additional criteria/indications were approved, and the potential of an over spend against the ICP provision in either 2017-18 or the following year. It was noted that the proposal included a significant level of uncertainty in this regard

Members acknowledged there was a clear under provision of services in Wales and the associated issues. A further discussion was held around the funding arrangements and consideration needed around how any cost savings created within the wider health care system should be utilised.

Members wished to see clinical evidence that an increase in PET scans for new indications would result in clinical and cost benefits elsewhere in the patient pathway prior to approving the proposal and asked for this to be channelled through Management Group in the first instance.

### Action

- **WHSSC Team to present to Management Group with the clinical evidence that an increase in PET scans for new indications will result in clinical and cost benefits elsewhere in the pathway; review the proposed eight new PET indications as a priority and liaise with Cancer Network to support this (AC)**
- **Update WG and stakeholders. (AC)**

Members resolved to

- **Note** the information within the report and the current risk to patients, providers and commissioning Health Boards; and
- **Note** the support from Management Group to fund the PET policy expansion out of the current PET provision in the WHSSC ICP 2017-20, subject to assurances from Welsh Government.
- **Defer approval** of the proposal to fund the PET policy expansion out of the current PET provision in the WHSSC ICP 2017-20, referring it to Management Group for consideration of ;

JC17/054 **Risk Management Framework – Alternative Augmentative Communication (AAC) Service**

Members received a paper which provided a summary of the current position of the All Wales Alternative Augmentative Communication Service, the risks as detailed within the ICP Risk Management Framework and the identified mitigation.

It was noted that a letter of support had been sent to WHSSC from the Wales Neurological Alliance, a third sector organisation supporting all Neurological Conditions.

Members were reminded of the announcement from Welsh Government in June 2016 at which time recurrent funding for staffing was provided however funding for equipment was secured on a non-recurrent basis. Members noted that in September 2016 the Joint Committee supported the extension of the evaluation period for the specialist AAC service until 2017/18, when a full year of service data would be available, and approved the carrying forward of any under spend on non-recurrent budget which was primarily used for the AAC equipment.

It was noted that the funding for equipment was due to expire in Autumn 2017. The WHSSC team and Management Group had carried out a risk assessment within the ICP Risk Management Framework which identified AAC as having one of the highest risks from a patient perspective, as identified in section 3.0 of the report.

It was reported that an informal indication had been received from Welsh Government that equipment funding may be made available for the remainder of the current financial year but this was yet to be formally confirmed.

It was noted that the evaluation report was expected back from Cardiff School of Health Sciences at Cardiff Metropolitan University for presentation to the Committee in November 2017.

Members were presented with an overview of the options set out within the report and were asked to agree an option to progress in order to mitigate the identified risks within the AAC service.

A discussion was held around the original tripartite funding arrangements for the service as it spanned Health, Social Care and Education. It was acknowledged that the right mechanism needed to be identified for this as a regional partnership and it was suggested that the equipment element could be added to the Joint Equipment Inventory given the broader context of the service assisting three domains.

Members agreed to Option 4: Collectively Escalate to Welsh Government. It was suggested that a letter be sent to the Director General of Health and Social Services/Chief Executive, NHS Wales.



Members resolved to:

- **Note** the current risks to the All Wales Alternative Augmentative Communication service as outlined in the Risk Management Framework and the mitigations that have been identified to date.
- **Agree** to progress Option 4

#### JC17/055 **Adult Cystic Fibrosis service: Update**

Members received a paper which presented a summary of the current position with regarding the adult Cystic Fibrosis services for mid and south Wales, the risks to the sustainability of this service, and the potential for a commissioning decision regarding the revenue requirements to address these.

It was noted the Cystic Fibrosis service was provided by a dedicated unit which had seen an increase in demand and there was now a need for investment for both facilities and staffing. Members were informed that the service would soon reach capacity and be unable to accommodate new referrals. This would mean that new referrals would be sent to units in England; however it was noted that there were issues with English providers, with Birmingham advising that they were no longer able to accept referrals from Welsh patients. Members noted that a peer review, undertaken by the Cystic Fibrosis Trust in 2015, identified the unit in Wales as having one of the lowest bed bases per patient in the UK.

Members were informed that CVUHB were developing a capital business case for increased inpatient beds at the CF unit and to provide en-suite accommodation for all. A proposal for the required revenue for additional staffing was submitted as part of the ICP process for 2017-18, however it was not funded.

It was noted that there was Welsh Government interest in the service.

Management Group reviewed the risks and case for change in September 2017; when it suggested that further work was needed to develop the business case from CVUHB.

It was suggested that consideration be given to the potential for other models (e.g. greater community based care).

Members discussed the process in place for accepting/reviewing business cases. It was noted that a different approach was being taken in that in the first instance a case for change is to be identified and then a more guided business case will be developed. Members requested that Management Group develop a standard business case template which could be use for all business cases and provide a consistent approach.

Members supported the case for change and agreed that Welsh Government should be briefed on the prospective need for new revenue funding in support of the capital business case being developed by

CVUHB. The business case for change would consider alternative models for delivering the service including outpatient and/ or community services.

### Action

- **WHSSC team to work with Management Group to develop a standardised template for Business Cases outlining what should be included.**

Members resolved to:

- **Note** the ongoing risks to patient care associated with the adult CF service at CVUHB, as discussed at the September Management Group workshop
- **Note** that the service will soon reach capacity and be unable to accommodate new referrals, meaning new patients referred to centres in England
- **Support** the case for change in order to mitigate the current risks within the service.

### JC17/056 Risk Sharing Update

Members received a paper which provided an update on implementing proposals to move the neutralisation date from the end of 2011-12 to 2013-14 and set out the latest modelling together with the issues and questions raised by the Finance Group.

Members noted the discussions held by the Finance Group at their meeting on 20 October 2017, during which it was recognised that the proposal to move the neutralisation date was considered a reasonable 'best fit' position. It was noted that the impact of this was considered and it was recognised that running the numbers at any point in time led to huge volatility in the financial impact based on relatively small numbers of high cost services/episodes of care.

Members noted the detail provided in relation to the individual Health Boards and that there had been a material shift for some Health Boards. Members were asked whether they wanted the Finance Group to continue working through the number to see if there was a way to create a better balance of risk in the system.

A discussion was held around: the likelihood of being able to achieve a point at which all Health Boards would agree, the preference held by members of the Finance Group for an activity based share, and the concerns around the challenge for individual Health Boards on the financial outcome.

Members discussed the rationale behind the principles previously established, the process to this point and the impact on the wider system. It was suggested that consideration be given to approaching Welsh Government to ensure that it was sighted on the purpose of the work of

the Finance Group and align with the wider system perspective.

It was agreed that an activity based share was desirable but might be unachievable if the financial impact was excessive on a small number of Health Boards and that the Finance Group should have a final attempt to resolve this, also that advice should be sought from Welsh Government on the final option.

**Action:**

- **Finance Group to reconsider an activity based approach as a final attempt to resolve the issues before the next meeting of the Joint Committee. (SD)**
- **Advice to be sought from Welsh Government around the final option for risk sharing approach. (SD)**

Members resolved to:

- **Note** the impact assessment and the nature of the queries raised by the Finance Group;
- **Consider** options for the next steps; and
- **Receive assurance** that the technical queries raised are being worked through and will be reported to the next Finance Group.

JC17/057 **Cardiac Magnetic Resonance Imaging (CMRI) – future planning responsibilities**

Members received an update on the collective commissioning work completed by WHSSC in respect of CMRI and a recommendation to transfer the responsibility for further planning and implementation to Health Boards with support from the All Wales Cardiac Network.

Members noted the update, approved the adoption of the CMRI Service Specification by Health Boards and agreed the transfer of responsibility from WHSSC. It was suggested that this work could be taken forward through the Regional Planning Boards. Correspondence was to be sent to the All Wales Cardiac Network and Health Boards on behalf of the WHSSC Joint Committee informing them of the agreement to transfer responsibility to the Health Boards.

**Action:**

- **Correspondence to be sent to the All Wales Cardiac Network and Health Boards on behalf of the WHSSC Joint Committee informing them of the agreement to transfer responsibility to the Health Boards.**

Members resolved to:

- **Note** the collective commissioning work completed by WHSSC;
- **Approve** the adoption of the CMRI Service Specification by Health Boards; and
- **Approve** the recommendation to confirm that WHSSC has

completed its role in collective commissioning for this service and to transfer the responsibility for further planning and implementation to Health Boards, supported the All Wales Cardiac Network.

JC17/058 **Development of the Integrated Commissioning Plan 2018-21: Commissioning Intentions**

Members received the paper which outlined the Commissioning Intentions that had been drafted to inform the development of the WHSSC three year ICP for Specialised Services 2018-21.

Members noted that the plan remained largely unchanged and that the ICP Risk Management Framework was developed to support the consideration of schemes for inclusion, which included ministerial priorities. It was noted that the three domains of Safe, Sustainable and Effective were the key areas of consideration and that it was anticipated that once the quality team was established a greater focus on quality would be provided to support the review of the demand and capacity trends and enhance service monitoring.

A query was raised in relation to the apparent lack of detail provided within the report around value based commissioning. It was noted that although value based commissioning was not expressly mentioned it was part of WHSSC's assessment process; also that WHSSC would be working with Health Boards to look through their Integrated Medium Term Plans (IMTPs) to inform both the IMTPs and the ICP in relation to specialised services.

It was suggested that, due to the way they were constructed, the commissioning intentions felt more like principles. It was noted that it was anticipated that between now and next year these would evolve.

Members resolved to:

- **Approve** the WHSSC Commissioning Intentions to inform the development of the WHSSC Integrated Commissioning Plan 2018-21.

JC17/059 **Restructuring of Staffing Models within the Welsh Health Specialised Services Team**

A paper was received that informed members of a planned staffing restructure within the WHSSC Team that included the establishment of a Quality Assurance Team on a cost neutral basis.

Members approved the cost neutral staffing restructure without the need to seek approval for specific changes.

Members resolved to:

- **Support** the proposed staff restructuring which addressed the recommendations of the Good Governance Institute and Healthcare

- Inspectorate Wales Reviews through the cost neutral establishment of a Quality Assurance Team within the Directorate of Nursing; and
- **Approve** the future cost neutral staff restructuring without the need to seek approval for specific changes.

#### JC17/060 **Governance for Clinical Networks**

Members received a paper that made recommendations to facilitate regularisation of the governance and accountability arrangements for the Child and Adolescent Mental Health and Eating Disorders and Neonatal clinical networks that transferred to the NHS Wales Health Collaborative (the Collaborative), hosted by Public Health Wales, on 1 October 2016. The paper further recommended the formalisation of the ongoing relationship between the five clinical networks managed by the Collaborative and WHSSC.

Members recognised the importance to ascertain clarity around the relationships between WHSSC and the clinical networks to ensure the right advice was received to support the commissioning process.

Members approved the recommendations with a target implementation date of 1 January 2018.

Members resolved to:

- **Note** the information presented within the report; and
- **Approve** the recommendations.

#### JC17/061 **Integrated Commissioning Plan (ICP) 2017-18 Risk Management Framework**

Members received an update on the implementation of the ICP Risk Management Framework which highlighted schemes that required further review, risk mitigation and escalation in line with the requirements of the Framework. It was noted that the report to the November 2017 meeting would include development of the 2018-21 ICP.

Members were advised that WHSSC had submitted a letter to Welsh Government seeking additional funding from the £50m identified as available. A discussion was held around the Welsh Government expectation that bids would be received from providers and that WHSSC were supportive of these. The discussion continued around population and equity issues; members supported SD liaising with Welsh Government for clarification on bids from providers and commissioners. It was noted that the WHSSC request was targeted toward funding to reduce waiting times for various specialised services.

#### **Action**

- **Clarification to be sought from Welsh Government regarding the availability of additional funding for commissioners. (SD)**

Members resolved to:

- **Note** both the 'Extreme' and 'High' risk rated schemes requiring further review, risk mitigation and escalation.

#### JC17/062 **Integrated Performance Report**

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

The most significant change related to CAMHS OoA placements due to reduced capacity at the north Wales facility which was now in stage 3 escalation, together with Paediatric Surgery and Neurosurgery at CVUHB.

Members resolved to

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

#### JC17/063 **Financial Performance Report**

Members received the finance report for Month 5 2017-18 noting a year to date over spend of £1,109k with a forecast under spend to year-end of £2,082k, which primarily related to a release of £2,000k of Balance Sheet reserves. The year to date position included around £2,500k of HRG4+ costs for English contracts; however, the year-end forecast included a partial adjustment to HRG4+ costs due to some positive conversations with NHS Improvement.

Members noted that Welsh Government was now fully engaged with HRG4+ situation. A question was raised around when a resolution may be achieved. It was noted that this was still unclear, it was anticipated that further information would be available towards the end of October 2017.

Members resolved to:

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

#### JC17/064 **WHSSC Joint Committee Annual Self Assessment**

Members received a paper that provided information relating to the Joint Committee's annual self assessment.

Members noted the information provided in the report and supported consideration by the Chair and Committee Secretary of a 'development day' and/ or an induction programme.

#### **Action:**

- **Chair and Committee Secretary to review options for a development day for the Joint Committee and induction programme for members.**

Members resolved to:

- **Note** the information presented within the report; and
- **Support** consideration by the Chair and Committee Secretary of a 'development day' and/or induction programme.

## JC17/065 **Reports from the Joint Sub-committees and Advisory Group Chairs**

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

### **Sub Committees**

#### Audit Committee

Members noted the update from the meeting held 11 September 2017.

#### All Wales Individual Patient Funding Request Panel

Members noted the update from the meeting held 30 August 2017, and received the 2016-17 Annual Report of the Chair of the Panel.

#### Integrated Governance Committee

Members noted the update from the meeting held 15 August 2017, and received the 2016-17 Annual Report of the Committee Chair.

#### Quality and Patient Safety Committee

Members noted the update from the meeting held 26 September 2017. Members noted that the Committee had refocused its attention on quality rather than activity performance and sought to adopt a whole pathway approach. It was noted that there had been a reinforcement of Independent Member input.

Members received and approved the revised Quality and Patient Safety Committee Terms of Reference, subject to a further review of the quorum, as it was felt that a quorum comprising two members might be too few.

#### **Action:**

- **Review quorum of the Quality and Patient Safety Committee. (CK/KS)**

#### Welsh Renal Clinical Network

Members noted the update from the meeting held 7 August 2017 and received the 2016-17 Annual Report of the Network Chair.

#### WHSSC Management Group

Members noted the update from the meeting held 31 August 2017.

### **Advisory Groups**

#### NHS Wales Gender Identity Partnership Group

Members noted the update from the meeting held 21 August 2017.

#### Wales Child and Adolescent Mental Health Services and Eating Disorder Network

Members noted the update from the meeting held 1 September 2017 and received the 2016-17 Annual Report of the Network Chair.

Members noted that the Network was undergoing a transition following the move to the Collaborative. It was noted that the Children, Young People and Education Committee were considering CAMH Services and that the Network would be submitting evidence to the meeting of this Committee.

#### JC17/066 **Items of Any Other Business**

##### **Wales Gender Identity Partnership Group**

Tracy Myhill, Chair of the NHS Wales Gender Identity Partnership Group joined the meeting to present the work carried forward by the Group in relation to the development of an All Wales Interim Gender Pathway.

Members noted that there had been a significant increase in the number of stakeholders now involved with the Group, of which there were now 13 who provided a strong and passionate voice.

Members were provided with an overview of the political pressure around this work and the scope of work being developed by the group since the announcement by Welsh Government in August 2017. It was anticipated that the pathway would enable more patients to be treated in Wales, with only more complex cases requiring attendance at the London Clinic. This would reduce duplication and improve patient experience.

It was noted that CVUHB had submitted a bid to host the Gender Team for consideration by the Welsh Government. It was anticipated that the interim service would be established from Autumn 2017 and would support the development of expertise within primary care. The interim service would consist of expert GPs funded via a Welsh Enhanced Directed Service Contract.

Members noted that it was expected that the majority of Welsh patients would be repatriated by March 2018 and when work on a longer term pathway would commence. Support was sought from members for WHSSC to continue to oversee the interim pathway model until such time that project was in a position to be handed back to the Collaborative drive forward the longer term model.

A discussion was held around the commissioning model for the service and whether an indicative business case was available and it was requested that the project plan be presented to the Joint Committee in November 2017.



**Action**

- **Project plan for the Interim Gender Pathway to be presented at the November 2017 Joint Committee Meeting.**

A query was raised around the provision of services for children and young people and it was noted that the foregoing arrangements were for the adult pathway. A pathway for children and young people was to be considered separately, however it was noted that Tavistock and Portman NHS Foundation Trust operated an outreach service in Cardiff and discussions were ongoing around opportunities to expand this service. It was noted that NHS England had published a consultation on Gender Services for Children that was due to close week commencing 2 October 2017.

JC17/067 **Date and Time of Next Meeting**

It was confirmed that the next meeting of the Joint Committee would be held on 28 November 2017 at 1.30pm

The public meeting concluded at approximately **12.50pm**

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

**Date: .....**