

Minutes of the Meeting of the Welsh Health Specialised Services Committee

held on 22 January 2019 at 08:00
at Mwar Room, NHS Wales Health Collaborative, River House,
Ynys Bridge Court, Gwaelod-y-Garth, CARDIFF, CF15 9SS

Members Present:

Vivienne Harpwood	(VH)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Gary Doherty	(GD)	Chief Executive, Betsi Cadwaladr UHB (by phone)
Glyn Jones	(GJ)	Director of Finance / Deputy Chief Executive, Aneurin Bevan UHB
Charles Janczewski	(CJ)	Independent Member/Chair of the WHSSC Quality and Patient Safety Committee
Sian Lewis	(SL)	Managing Director, WHSSC
Lyn Meadows	(LM)	Vice Chair (by VC)
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Jennifer Thomas	(JT)	Medical Director, WHSSC
Steve Webster	(SW)	Director of Finance, Cwm Taf UHB

Apologies:

Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
Tracy Myhill	(TM)	Chief Executive, Abertawe Bro Morgannwg UHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB
John Williams	(JW)	Associate Member/Chair of the Welsh Clinical Renal Network

In Attendance:

James Leaves	(JL)	Assistance Finance Director, WHSSC
Clare Nelson	(CN)	Acting Assistant Director of Planning, WHSSC
Karen Preece	(KP)	Director of Planning, WHSSC
Adele Roberts	(AR)	Head of Quality and Patient Care, Specialised Commissioning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

Observer:

Simon Dean	(SD)	Welsh Government
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Minutes:

Michaella Henderson	(MH)	Corporate Governance Officer, WHSSC
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The meeting opened at 09:30am.

JC18/077	<p>Welcome, Introductions and Apologies The Chair formally opened the meeting and welcomed members.</p> <p>Apologies were noted as above.</p>
JC18/078	<p>Declarations of Interest The Joint Committee noted the standing declarations. There were no additional declarations to note.</p>
JC18/079	<p>Integrated Commissioning Plan 2019-22 SL thanked Health Boards and Management Group Members for their contributions in preparing the Integrated Commissioning Plan 2019-22 (the 'Plan').</p> <p>Members noted the expectation that they would agree the Plan with no funding shortfall by the conclusion of the meeting.</p> <p>KS reminded Members that the voting requirement to approve the business of the Committee, including the Plan, had changed from unanimous to a two thirds majority with effect from November 2018.</p> <p>Members noted there was a £2.924M unfunded gap when the meeting papers were circulated.</p> <p>SD presented, and Members discussed, the financial aspects of the Plan and the associated risks.</p> <p>Members recognised the need to view specialised services as part of the integrated care system offered by the Health Boards and not as a separate entity.</p> <p>SD noted the embedded £3.5M savings achieved through efficiencies and re-commissioning, equating to approximately 0.6-0.7% and noted risk appetite had been discussed at Management Group.</p> <p>SD reported the total growth in cost year on year was 3.9% including 2% equivalent for Welsh provider inflation, totalling 1.9%, significantly behind the gross inflator for NHS England by 2-3% per annum.</p> <p>Members discussed the CIAG prioritised schemes and the scores assessed for each of the schemes.</p> <p>Members discussed schemes designated as Strategic Priorities that did not go through the CIAG process such as Cystic Fibrosis and Neonatal Transport.</p>

Members noted the WHSS Team was developing Terms of Reference for the Neonatal Transport Review to be undertaken in partnership with the Neonatal Network.

Members noted the commitment to establishing the Major Trauma Network and Major Trauma Centre. LR reminded Members of the need for a lead-in period for CVUHB to manage the staffing and other resourcing requirements of the Major Trauma Centre. LR reported CVUHB was working through the capital requirements and Members discussed the requirement for transitional funding should the go-live date of April 2020 for the Major Trauma Centre change.

ACTION: It was agreed LR would confirm the Major Trauma Centre 'go-live' date with the Major Trauma Centre Board and report back to WHSSC with the actual requirements for transitional funds for the phased start up and the potential impact on the Plan.

Members questioned the possibility of accessing Welsh Government funding in a number of areas of growth together with other potential funding sources and SL reported WHSSC had considered a number of these opportunities but found them to be inaccessible.

Members noted the widening gap with NHS England specialised services commissioning.

VH observed that there appeared to be consensus of approval for the Plan from those Members present, noting that all had now agreed to fully fund the Plan.

KS noted that, despite best efforts, Steve Moore from HDUHB had been unable to join the meeting electronically and, that being the case, consensus amongst those present at the meeting had been achieved in the absence of representation from HDUHB. KS explained that had the Plan been put to a vote at the meeting, a majority greater than two thirds in favour of the Plan would have been achieved, irrespective of the vote cast by HDUHB if it had been represented, Members therefore confirmed their understanding that the Plan was approved, subject to the following undertakings.

In approving the Plan, Members agreed that the WHSS Team would undertake the following:

- Continue discussions directly and/or indirectly with Welsh Government with a view to identifying and securing any 'ring fenced funding' that may be available to support the various schemes and/or services comprised within the Plan;

	<ul style="list-style-type: none"> To continue to identify and secure further savings from commissioned services and prioritise any savings secured by the WHSS Team from commissioned services toward reducing the financial burden from the Plan on health boards rather than toward funding additional schemes or initiatives; and To note that there was no provision in the Plan in relation to the funding of 'pump priming' activities associated with the start of the Major Trauma Network which is due to be formally established in April 2020 and that this risk would need to be recognised as an 'in year pressure' during 2019-20 which would be managed through Joint Committee.
JC18/080	<p>Thoracic Surgery</p> <p>Members received the paper the purpose of which was to:</p> <ul style="list-style-type: none"> Inform Joint Committee of Health Boards' decisions with regard to the outcome of the public consultation and the WHSSC recommendations for the future thoracic surgery service model; Propose the governance arrangements for taking forward the development of the commissioning and implementation plans; Confirm the expectation previously discussed by Joint Committee regarding the framework for ensuring value for money from the new service model; Confirm the expectation that there would be transition costs associated with the implementation of the new service model; and Confirm that a meeting is being arranged to identify lessons learned from the experience of undertaking the public consultation and that a report will be submitted to Joint Committee in May 2019. <p>Members agreed WHSSC was responsible for commissioning, ABMUHB for implementation and that all parties would have cross-health board support to deliver the Implementation Plan.</p> <p>Members noted that the Directors of Planning had been asked to nominate representatives on a group responsible for the development of the implementation plan.</p> <p>SL noted the commitment that within 6 months Joint Committee would look at the arrangements for the Thoracic Surgical cover of the Major Trauma Centre and that Medical Directors had been advised of the deadlines of providing WHSSC with the information in time to be considered at the May Joint Committee and Health Board meetings.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> Note the decision of the six affected Health Boards to support the recommendations for the future thoracic surgery service model;

	<ul style="list-style-type: none"> • Note that support for the recommendations was subject to a number of conditions, including the requirement that a workforce plan to provide thoracic surgical cover to the MTC would be agreed within 6 months; • Support the proposed governance arrangements for taking forward the commissioning and implementation plans; • Note the previously agreed approach for ensuring that the new service model will provide value for money to commissioners; • Note there the anticipated costs of transition including project management, staff training and costs related to the period of transition as the new service is ramped up and that the scale of these costs would be identified through the implementation project; and • Note a report detailing lessons learned from the experience of undertaking the public consultation would be brought to Joint Committee in May 2019.
JC18/081	<p>Fetal Medicine</p> <p>Members received a paper that sought support for the release of funding to increase capacity within the fetal medicine service provided by CVUHB in order to mitigate the current clinical risk to patients in the short term.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Approve the release of funding to increase fetal medicine capacity in the short term.
JC18/082	<p>Minutes of the meeting held 13 November 2018</p> <p>The Joint Committee approved the minutes of the meeting held on 13 November 2018 as a true and accurate record.</p>

The meeting concluded at 09:57

Chair's Signature:

Date: