Confirmed Minutes of the Meeting of the WHSSC Joint Committee Meeting held In Public on Tuesday 11 January 2022 via MS Teams

Members Present:

Kate Eden	(KE)	Chair
Sian Lewis	(SL)	Managing Director, WHSSC
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Mark Hackett	(MH)	Chief Executive, Swansea Bay UHB
Glyn Jones	(GJ)	Interim Chief Executive Officer, Aneurin Bevan UHB
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Karen Preece	(KP)	Director of Planning, WHSSC
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB
Ian Phillips	(IP)	Independent Member, Powys THB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Stuart Walker	(SW)	Interim Chief Executive Officer, Cardiff & Vale UHB

Deputies:

Sue Hill (for Jo Whitehead)	(SH)	Executive Director Of Finance, Betsi Cadwaladr UHB

Apologies:

Jason Killens		Chief Executive Officer, Welsh Ambulance Services NHS Trust (WAST)
Ian Wells		Independent Member, Cwm Taf Morgannwg UHB
Jo Whitehead		Chief Executive Officer, Betsi Cadwaladr UHB
Nick Wood		Deputy Chief Executive NHS Wales, Welsh Government

In Attendance:

Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Claire Harding	(CH)	Assistant Director of Planning, WHSSC
James Leaves	(JL)	Assistant Director of Finance, WHSSC
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC

Minutes:

Michaella Henderson	(SMH)	Corporate Governance Officer, WHSSC

The meeting opened at 09:00hrs

Min Ref	Agenda Item
JC022/01	**1.1 Welcome and Introductions** The Chair welcomed members to the meeting in Welsh and English and reminded everyone that, due to the COVID-19 pandemic, the meeting was being held virtually via MS Teams. No objections were raised to the meeting being recorded for administrative purposes. It was noted that a quorum had been achieved. The Chair reminded members that the purpose of the Joint Committee (JC) was to act on behalf of the seven Health Boards (HBs) to ensure equitable access to safe, effective and sustainable specialised services for the people of Wales by working collaboratively on the basis of a shared national approach, where each member works in the wider interest. The Chair reminded members that the Extraordinary meeting had been requested by the JC in order to consider and approve the WHSSC Integrated Commissioning Plan 2022-2025 (ICP). However whilst the original intent had been to ask JC to approve the ICP today, the WHSSC Executive Team had received informal feedback indicating that HBs were unable to approve the plan at present. This was a result of the Welsh Government Funding Allocation Letters (WGFAL) received by HBs on the 24 December 2021 and the need for HBs to consider the content of those letters and the impact on their own Integrated Medium Term Plans (IMTPs). The Chair advised that it was important that the meeting go ahead to ensure that due process was followed, and to obtain member's views and to confirm next steps in the process.
JC22/02	**1.2 Apologies for Absence** Apologies for absence were noted as above.
JC22/03	**1.3 Declarations of Interest** The Joint Committee noted the standing declarations, and there were no additional declarations of interest relating to the items for discussion on the agenda.

JC22/04	**2.1 Managing Director's Report** The Report from the Managing Director was received and the Managing Director gave an update on relevant matters undertaken since the previous Joint Committee meeting. The Joint Committee received updates on: • **Ty Llewellyn Medium Secure Unit** Members noted that an assurance review had been undertaken by the National Collaborative Commissioning Unit (NCCU) Quality Assurance Service at the Ty Llewellyn Male Medium Secure Unit at Betsi Cadwaladr University Health Board (BCUHB) and that there was a future requirement for an action plan from the Health Board; and • **System Resilience and the Local Options Framework Impact – Weekly Reporting** Members noted that: ○ as a consequence of challenges in achieving quoracy linked to COVID-19 operational pressures at HB level, and as result of a recent letter from Mrs Judith Paget, Chief Executive Officer of NHS Wales suggesting NHS bodies step down any non-essential meetings, the Individual Patient Funding Request (IPFR) Panel would be returning to the process previously adopted during the start of the pandemic to ensure business continuity, ○ the full IPFR Panel = would be stood down for January 2022, ○ the Chair's Action arrangement outlined in the Terms of Reference (ToR) would be used until further notice, strengthened by including the attendance of two WHSSC Clinical Directors and a lay member representative, ○ the strengthened Chair's Action arrangement for Panel decisions would be used during January 2022 instead of the full Panel; and ○ a report regarding a range of issues related to the IPFR Panel would be presented to the Joint Committee on 18 January 2021. The Joint Committee resolved to: • **Note** the report.
JC22/05	**2.2 Integrated Commissioning Plan 2022-2025** Members received the WHSSC Integrated Commissioning Plan (ICP) 2022-2025 for approval and were requested to approve its submission to Welsh Government (WG) in line with the requirements set out in the WG Planning Framework Guidance.

Sian Lewis (SL) introduced the report and members noted that:

- The process for developing the ICP had begun in June 2021, and that the first Clinical Impact Assessment Group (CIAG) Prioritisation results were taken to the MG in August 2021,
- The first draft of the detailed financial plan was taken to MG in September 2021, and a further draft had been considered in October 2021; Following discussion with the JC in November 2021 it was agreed that an extraordinary JC meeting be held on 11 January 2022 to approve the ICP ahead of Health Board board meetings in January and February where they would approve their IMTPs,
- The MG received the ICP on the 06 December 2021 and recommended that the ICP presented, should be submitted to the JC for approval on 11th January 2022. They did note however that the WGFAL was due to be published prior to Christmas and that if that changed the position regarding the ICP it may be necessary for the MG to convene an ad hoc meeting in early January 2022. MG members agreed to contact WHSSC should this be the case and a meeting of MG would be arranged; and
- No formal contact had been received from MG members, however informal feedback had been received from some HBs advising that they may not be in a position to approve the ICP at the JC on the 11 January 2022 as they were still considering the WGFAL and the impact on their own IMTPs.

SL advised that WHSSC recognised the particular challenges for HBs related to the WGFAL and the increasing levels of uncertainty regarding the recovery position and the risks that this poses.

Members discussed the challenges faced by HBs and noted that all HBs were still working through their IMTPs and would not be able to commit to fully approving the ICP at today's meeting.

Carol Shillabeer (CS) advised that Steve Moore (SM) was the Peer Group Lead Executive and was supporting HBs discussions with Welsh Government regarding the implications of the financial settlement and the impact on HB plans. CS advised that PTHB was facing a significant financial challenge as a result of the ongoing pandemic and that they were working through a number of issues arising from the WGFAL. The date of the receipt of the letter had not allowed sufficient time to work through their planning assumptions and permit the ICP to be approved at the meeting. CS noted that the huge amount of work undertaken thus far was to be recognised and commended.

Glyn Jones (GJ) advised that in the preceding 4-6 weeks ABUHB had suspended their routine meetings to allow operational staff to deal with the current wave of the pandemic, which had curtailed the amount of time available to fully work through the WGFAL and the

impact on the HB's IMTP. This therefore prevented approval of the ICP at today's meeting as planned. GJ advised that there was a also a need to consider the funding settlement for next year, taking into account the COVID-19 costs, including the vaccination programme and Test, Trace & Protect (TTP), as it was likely that the provision of COVID-19 related services will go into next year, with no additional coverage.

SM advised that he supported the comments made by CS and GJ and agreed that HDUHB were facing similar uncertainty regarding the ongoing pandemic costs and that the operational pressures that had curtailed the amount of time available for additional work on the IMTP within the HB.

Members noted that SM had requested that the Directors of Finance Peer Group gather business intelligence to provide a pan Wales position on financial pressures and COVID-19 related costs.

Mark Hackett (MH) advised that notwithstanding the financial allocations, members needed to be cognisant of the fundamental need to invest in specialised services for patients in Wales and the inherent risks for the population in failing to do so. MH advised that investment in specialised services in Wales was already 10% less than in NHS England, which created significant risks for patients needing specialised services.

The Chair agreed that there was a need to focus on risk appetite as a way forward and asked Stuart Davies (SD) to suggest a way forward.

Stuart Davies (SD) advised that the plan presented was very prudent, with relatively low risk and a high degree of certainty for HBs, as WHSSC had previously been asked to provide. However, he explained that work had already begun within WHSSC to look at risk appetite, particularly around slippage potential informed by recent financial developments and in particular the latest activity impact of omicron. He proposed therefore that the WHSSC ICP should be supported in principle but that a revised risk assessment be taken to the MG outlining phasing options in year 1 that could take a more balanced approach to risk overall that included a further look at slippage, manpower recruitment lead times and activity performance.

KP advised that there was a clear process in place, which included engagement through the MG and the CIAG process and included service risk. KP asked members to note that there were a number of areas of strategic importance, such as mental health and paediatric services, that would require a longer investment profile than the current 12 months.

MH queried the impact on the investment amount if the slippage assumption increased and SD responded that the scale of the potential reduction in the Year 1 funding requirement under the proposal was estimated to be a reduction to circa 5.11% from the current 6.57%. He asked members to note that the NHS England recovery rate had slowed dramatically; and that the overall recruitment position was still hampering HB recovery plans in NHS Wales.

CS advised that recovery was key and that there was a need to focus on delivering to contract numbers, then making choices on how to manage the delivery backlog given the huge workforce constraints.

PM advised that CTMUHB were still working through the implications of the funding allocations. He noted that funding could be allocated to the WHSSC plan but that delivery could be limited by workforce issues. PM also advised that delivery was not always about the revenue costs and that capital costs should also be considered, as it there would be limited capital funding available for next year.

PM noted that there needed to be a balance between the very small numbers of patients in specialised services and the HBs obligations to the larger population requiring general services.

Ian Phillips (IP) advised that he agreed with the discussion so far and suggested there was a need to consider recovery, through longer term planning and to develop a workforce for the future, and that training requirements should also be considered.

SL responded that WHSSC were working closely with Health Education and Improvement Wales (HEIW), as were the HB Chief Executive Officers (CEO's), and that workforce challenges were well recognised and part of wider, longer-term strategic conversations. WHSSC would however ensure this was emphasised in the document. Members noted that there were workforce work streams in all of WHSSCs strategic priority programmes, including mental health and paediatric services, and that the aim was to develop 5 year plans for those strategic priorities of which workforce will be a key component.

SD suggested it would be helpful to describe the types of risk assessment that were being undertaken. He advised that as an example, growth funding of £2M had been allocated for TAVI based on assurances from providers that they would fully meet contracted volumes for cardiac surgery and other key specialties next year. Members noted that whilst there was a strong recovery for the first six months of the year activity had already begun to slow in the past three months even before the emergence of the Omicron variant – a reassessment of the likely performance position for the first part of 2022/23 would therefore need to be taken.

SD also noted that the Enhanced Recovery Fund rules in NHS England had changed so that enhanced Payment By Results (PBR) rates now required 94% contract activity delivery, up from 70% originally. This therefore sets a higher bar for additional payment and hence should decrease forecast liabilities for next year compared to the current year experience.

MH advised that related to the workforce issue it would be useful for WHSSC to engage with the Executive Teams within the provider HBs to determine HB workforce plans.

MH suggested that Commissioner HBs could also consider committing to longer-term investment plans for specialised services, over a possible 3 year medium term cycle replacing the annual scheme discussion approach currently in place.

SM agreed that longer-term investment plans would support a workforce strategy, and asked whether there had been a forensic assessment around the possibility of being able to spend money on specialised services next year linked to workforce and capital constraints that would impact on the HBs ability to spend money on more basic services.

Stuart Walker (SW) advised that the implications of the discussions today were specific to specialised services as were the discussions around recovery; and that some specialised services would not face the same recruitment challenges as others and therefore it was not appropriate to assume that those services would result in slippage.

SW said that it would be important for WHSSC to consider the detail of the slippage in order to ensure CVUHBs financial planning processes were aligned and advised that the unpredictable nature of the COVID-19 pandemic would require ongoing flexibility within all plans.

Members noted that WHSSC were working towards a 5-year development plan for both mental health and paediatric services strategic priorities including workforce plans; however, this could be difficult to achieve when the financial allocations were only provided on an annual basis.

SL suggested that the prior discussion indicated that Members could agree the ICP in principle, subject to further work being completed with the MG to explore risk appetite, specifically the potential for financial slippage that could reduce the increase needed for the first year of the ICP whilst maintaining a prudent view of the recurrent position. Members indicated their support for this approach.

	Members noted that the WHSSC team had already identified areas for consideration and that the information would be shared with MG members in advance of the meeting. Members noted that the areas for risk appetite review included the time lag estimated for new developments to fully account for manpower shortages, recognising that some new developments may need to brought on more quickly than others, and recovery rate uncertainty. Members noted the potentially tight timescales between the MG on the 20 January 2022 and their own Board meeting dates and it was agreed that Jacqui Evans (JE) would make enquiries with the Board Secretaries to confirm the dates planned for IMTP approval, to facilitate scheduling an extraordinary JC meeting in February to formally approve the ICP. **ACTION:** JE to make enquiries with the HB Board Secretaries to confirm the dates that HB IMTPs would be considered at HB board meetings. The Chair thanked members for their contributions to a very constructive conversation around the ICP and for confirming the way forward. The Joint Committee resolved to: • **Approve** the Integrated Commissioning Plan (ICP) 2022-2025 in principle as the basis of the information to be included in the Health Board IMTP's, • **Agree** to refer the ICP back to Management Group on 20 January 2022 to **consider** the proposed approach to financial risk, and **agree** the level that is appropriate to recommend to the Joint Committee (JC) to enable them to approve the Integrated Commissioning Plan (ICP) 2022/23 at an extraordinary JC meeting in February 2022; and • **Agree** to schedule an extraordinary JC meeting in February 2022 to formally approve the ICP in readiness for inclusion in HB IMTPs.
JC22/06	**3.1 Any Other Business** SL proposed that, in the light of the current severe operational pressures related to the COVID-19 pandemic and winter pressures, and following discussion with the Chairs of both the Emergency Ambulance Services Committee (EASC) and WHSSC, the WHSSC and EASC Joint Committee meetings on the 18 January be condensed to approximately 3 hours in total. This would allow focussed discussion on substantive issues only. To facilitate this the WHSSC Team would ensure responses to written questions were circulated to members in advance of the meeting and that consideration of routine reports would be deferred to subsequent meetings.

	Members noted the suggested timetable as follows: • 9.30 - 11.00am WHSSC meeting • 11.00- 11.15am Break • 11.15- 12.15am EASC meeting Members agreed to the proposal to convene condensed meetings for WHSSC and EASC on the 18 January 2022. To facilitate this it was suggested that any questions relating to the papers should be submitted to the WHSSC team by Thursday 13 January 2022.
JC22/07	**3.2 Date and Time of Next Scheduled Meeting** The JC noted that an extraordinary meeting would be arranged for February 2022. The next scheduled meeting will be on the 15 March 2022. There being no other business other than the above the meeting was closed at 10:00.

Chair's Signature: .....

Date: .....