

**Confirmed Minutes of the Meeting of the
WHSSC Joint Committee Meeting held In Public on
Tuesday 08 February 2022 at 9am
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 Officer, 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
Jo Whitehead	(JW)	Chief Executive Officer, Betsi Cadwaladr UHB

Deputies:

Stuart Walker (for Suzanne Rankin)	(SW)	Medical Director, Cardiff & Vale UHB
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Apologies:

Suzanne Rankin		Chief Executive Officer, Cardiff & Vale UHB
Ian Wells		Independent Member, Cwm Taf Morgannwg UHB

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
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Welsh Government

Minutes:

Michaella Henderson	(SMH)	Corporate Governance Officer, WHSSC
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The meeting opened at 09:00hrs

Min Ref	Agenda Item
JC022/025	<p>1.1 Welcome and Introductions</p> <p>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.</p> <p>No objections were raised to the meeting being recorded for administrative purposes.</p> <p>It was noted that a quorum had been achieved.</p> <p>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.</p> <p>The Chair welcomed Nick Wood, Deputy Chief Executive NHS Wales, Welsh Government (WG), to the meeting as an observer.</p> <p>The Chair reminded members that at its meeting on 11 January 2022 the JC resolved to:</p> <ul style="list-style-type: none"> • Approve the Integrated Commissioning Plan (ICP) 2022-2025 (Plan) in principle as the basis of the information to be included in the Health Board Integrated Medium Term Plans (IMTPs), • Agreed to refer the ICP back to Management Group (MG) on 20 January 2022 for further discussion on the financial allocation and tables, and • Schedule an extraordinary JC meeting in February 2022 to formally approve the ICP in readiness for submission to Welsh Government by the end of March deadline. <p>The Chair advised that the meeting had been scheduled for 30 minutes, as the Plan had been approved by the Joint Committee in principle on the 11 January, and that the purpose of the meeting was to update the Committee on the MG's in depth discussions on the financial and risk elements of the ICP at its meeting on the 20 January 2022.</p>
JC22/026	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted as above.</p>

JC22/027	<p>1.3 Declarations of Interest</p> <p>The JC noted the standing declarations and that there were no additional declarations of interest relating to the items for discussion on the agenda.</p>
JC22/028	<p>2.1 Integrated Commissioning Plan (ICP) 2022-2025</p> <p>The Integrated Commissioning Plan (ICP) 2022-2025 was received and Sian Lewis (SL) introduced the report and reminded members that the rationale for the sequencing and timing of the ICP being approved was to enable Health Boards (HBs) to include the ICP within their own Integrated Medium Term Plans (IMTPs). There was a requirement for the ICP to be included in the HB IMTP's in order to clarify the financial provision required to deliver specialised services, and to ensure consistency in the information included within the IMTPs across NHS Wales.</p> <p>Stuart Davies (SD) gave an update on the financial elements of the Plan and members noted:</p> <ul style="list-style-type: none"> • the WHSS Team had taken a very detailed risk assessment to the MG setting out all the components of the revised financial Plan and that the agreed net result was a reduction in the net financial assets in the Plan by 1.6% to 4.97%, the equivalent of circa £11.4M; • the Management Group had accepted the risk assessment in full; • the risk assessment undertaken had focussed on three core aspects: <ul style="list-style-type: none"> ○ performance – taking a more balanced approach whereby investment in areas of over-performance remained, however this would be offset by any under-performance against pre-pandemic contracted levels of activity; ○ Slippage: <ul style="list-style-type: none"> i. New schemes – the year 1 financial requirement for new developments to be based on a lower starting assumption of 25% of planned full year costs in order to reflect the time lag for formal approval of business cases and the recruitment lag inherent in all workforce developments. This would be adjusted to account for the particular nuances of the individual scheme to allow for any circumstances where a specific scheme of such importance needed to be accelerated – for example, for service sustainability and stabilisation; and ii. Prior year schemes – the slippage analysis for 2021-2022 demonstrated a number of schemes with elements of slippage extending beyond the first year, therefore all current and prior year schemes had been further examined to identify slippage potential into

- 2022-2023 which had yielded further slippage on difficult to recruit posts; and
- iii. Revised approach to the handling of the Economic Resilience Fund (ERF).

Jo Whitehead (JW) thanked colleagues in the specialised services commissioning teams for developing the Plan in readiness for HBs to include it within their own IMTP's.

JW queried whether the Welsh language (WL) commitment outlined in the Plan needed to be strengthened to demonstrate how the Plan would support compliance with the Welsh Language Standards; and whether there was sufficient reference to the operating context of the COVID-19 pandemic in order to convey its potential impact on the ability to successfully deliver the Plan for both commissioners and providers.

SL responded and advised that conversations concerning both of the issues raised by JW had been taking place within WHSSC. SL advised that WHSSC was reviewing how they could strengthen the references to WL within policy development and in contracts and service specifications, and that the narrative within the Plan would be strengthened to outline WHSSC's commitment to complying with the legislative framework for WL.

Karen Preece (KP) thanked JW for raising the issues and advised it was useful to obtain an external perspective. KP advised that the operating context of the COVID-19 pandemic outlined in the Plan and the financial assessment undertaken on the Plan recognised that both growth and a return to contracted activity volumes would be major pieces of work. Consequently, the amount of money the WHSS Team anticipated would need to be put into the NHS England Recovery Fund had been revised downwards, but that the Plan would be updated to make this explicit.

ACTION: Members agreed that the ICP 2022-2025 be updated to strengthen the reference to supporting the Welsh language; and to be more explicit on how WHSSC are represent the uncertainty presented by the COVID-19 pandemic as the operating context for the forthcoming year.

Carol Shillabeer (CS) advised that it would be important to retain flexibility within the Plan to take advantage of any opportunities that may arise. KP advised that the financial assessment made against the new schemes that would be implemented in year had been made within the context of there being ongoing flexibility to maximise any opportunities to bring schemes forward if appropriate. KP advised that the Welsh Government (WG Recovery Plan being launched in April 2022 could potentially impact on the

Plan, which could result in further changes being required later in the year.

SD reassured members that, by working with providers in NHS England, the WHSS Team was proactive in seeking out opportunities to accelerate recovery in Wales.

Nick Wood (NW) advised that it was WG's intention to present an outline of the WG Recovery Plan to the NHS Leadership Board at the end of February 2022, prior to its publication in April 2022.

Whilst acknowledging that the JC was a commissioning meeting, Stuart Walker (SW) advised that, as a major provider of specialised services, Cardiff & Vale UHB (CVUHB) remained concerned around the lack of predictability of recovery, and the ongoing effect of the pandemic on social services. This could potentially impact on the HB's ability to deliver both scheduled and unscheduled care for patients. SW advised that, whilst flexibility within the Plan was important, providers would also require a level of predictability and ongoing engagement with HBs to monitor performance. KP advised that the Plan had been drafted with a view to addressing some service sustainability issues, to meet required standards and to ensure equity of access and patient care not just within NHS Wales but also across NHS England. Members noted that the financial and risk assessments undertaken for all schemes would be ongoing and was not just a one-off exercise.

Glyn Jones (GJ) queried the assumptions made around a return to pre-COVID-19 pandemic activity levels and advised that it would be important to understand the provider's recovery plans and the potential impact on patient care. KP advised that WHSSC had received some information concerning HB recovery plans and HB commitments to returning to contracted volumes; however, additional data was required, including secondary care flows into specialist care. KP further advised the WHSS Team would work with the MG to obtain this information.

Steve Moore (SM) queried the 2023-2024 financial position and SD advised that there would be a lower full year impact in 2023-2024 than in previous years. Members noted that it had been modelled within the 4% full year impact agreed in previous plans. KP advised that James Leaves (JL) had presented a detailed report on the full year impact to the MG on 20 January 2022. KP further reported that the WHSS Team was already working on the 2023-2024 planning cycle and that the WHSSC commissioning intentions would be sent to HBs in May/June 2022.

Mark Hackett (MH) queried whether over performance would result in payment and SD confirmed that it would. MH further queried

whether specialist mental health care and the repatriation of female patients from NHS England could be accelerated and KP confirmed that the WHSS Team would like to do so given the serious concerns reported around mental health services. KP reported that a draft of the WHSSC Mental Health Strategy would be available in March 2022. MH queried partnership working to extend theatre capacity and SD advised that the WHSS Team would be happy to discuss this with HBs.

KP advised that, if the JC approved the Plan today, the next step would be for the WHSS Team to work with the MG to develop an implementation plan.

Members were unanimous in approving the ICP and requested that minor updates be made to strengthen the document, to include WHSSC's commitment to the legislative framework on Welsh Language; and to be more explicit on how WHSSC represents the uncertainty presented by the COVID-19 pandemic as the operating context for the forthcoming year. Members thanked colleagues in the specialist commissioning teams for their hard work in developing the Plan in readiness for HBs to finalise their own IMTPs.

The Chair expressed her thanks to SL, KP, SD, Claire Harding (CH) and JL for their detailed work in developing the Plan. The Chair advised that as the Plan had been agreed in principle and as the suggested updates would not materially change any investment, there was no need to bring the Plan back to the JC. The Plan would be updated and the final document will be circulated to HBs week commencing 14 February 2022 for inclusion within IMTPs.

The Joint Committee resolved to:

- **Note** the discussions at Management Group on 20 January 2022 and their support on a revised risk profile;
- **Note** that the actions supported by Management Group reduced the total uplift required for non-recurrent funding for the 2022-2023 ICP to 4.97%, down by 1.6% (£11.4m) from the previous iteration of the ICP presented in December;
- **Note** that Management Group was supportive of the Plan for approval by Joint Committee;
- **Approve** the Integrated Commissioning Plan 2022-2025; **noting** the Joint Committee's request to strengthen the reference to supporting the Welsh language; and to be more explicit on how WHSSC are sufficiently representing the uncertainty presented by the COVID-19 pandemic as the operating context for the forthcoming year;
- **Approve** the Plan as the basis of information to be included in Health Board Integrated Medium Term Plans (IMTPs); and

	<ul style="list-style-type: none"> • Approve the Plan for submission to Welsh Government in response to the requirements set out in the Welsh Government Planning Guidance.
JC22/029	<p>3.1 Any Other Business</p> <p>The Chair noted that this was SW's last meeting and members thanked him for his contributions to the work of the JC and wished him well in his new role with University Hospitals Bristol NHS Foundation Trust.</p>
JC22/030	<p>3.2 Date and Time of Next Scheduled Meeting</p> <p>The JC noted that the next scheduled meeting would be on the 15 March 2022.</p> <p>There being no other business other than the above the meeting was closed at 9:40 hrs.</p>

Chair's Signature:

Date: