

**Minutes of the Meeting of the
WHSSC Extraordinary Joint Committee Meeting held In Public on
Monday 13 February 2023
via MS Teams**

Members Present:

Kate Eden	(KE)	Chair
Sian Lewis	(SL)	Managing Director, WHSSC
Carole Bell	(CB)	Director of Nursing & Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Jacqui Evans	(JE)	Committee Secretary & Associate Director of Corporate Services, WHSSC
Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Gill Harris	(GH)	Interim Chief Executive Officer, BCUHB
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Chantal Patel	(ChP)	Independent Member, WHSSC
Ceri Phillips	(CP)	Independent Member, WHSSC
Ian Phillips	(IP)	Chair of the Welsh Kidney Network (WKN)
Suzanne Rankin	(SR)	Chief Executive Officer, C&V UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys Teaching HB

Deputies:

Rob Holcombe	(RH)	Executive Director of Finance, ABUHB
Nick Wood	(NW)	Deputy Chief Executive Officer, Welsh Government

Apologies:

Tracey Cooper	(TC)	Chief Executive Office, PHW
Jason Killens	(JK)	Chief Executive Officer, Welsh Ambulance Service Trust
Nicola Prygodzicz	(NP)	Chief Executive, Aneurin Bevan UHB
Steve Spill	(SP)	Independent Member, WHSSC

In Attendance:

Claire Harding	(CH)	Assistant Director of Planning, WHSSC
Nicola Johnson	(NJ)	Director of Planning, WHSSC
James Leaves	(JL)	Assistant Director of Finance, WHSSC
Karla Williams	(KW)	Risk and Governance Officer, WHSSC

Minutes:

Gemma Trigg (GT) Corporate Governance Officer, WHSSC

The meeting opened at 13.00

Min Ref	Agenda Item
JC23/28	<p>1.1 Welcome and Introductions</p> <p>The Chair welcomed Members bilingually and outlined the purpose of the additional extraordinary meeting and thanked Members for attending the additional meeting. It was noted that a quorum had been achieved.</p> <p>No objections were raised to the meeting being recorded for administrative purposes.</p>
JC23/29	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted as above.</p>
JC23/30	<p>1.3 Declarations of Interest</p> <p>The Joint Committee (JC) noted the standing declarations and that there were no additional declarations of interest other than Chantal Patel declaring an interest concerning her designation as an Independent Member (IM) for Hywel Dda UHB.</p>
JC23/31	<p>2.1 Integrated Commissioning Plan (ICP) 2023-2024</p> <p>The report presenting the final Integrated Commissioning Plan (ICP) 2023-24 for approval was received.</p> <p>The Chair introduced the report and reminded members that the Joint Committee had considered the draft plan on the 17 January 2023 and had agreed to support the plan in principle but requested additional work be undertaken to focus on risks, efficiencies, monitoring and reporting before they could provide final approval. As a consequence the plan had been reviewed and was being re-presented for approval.</p> <p>The Chair invited Stuart Davies (SD) and Nicola Johnson (NJ) to provide any updates made to the plan.</p> <p>NJ gave a presentation and Members noted that the ICP had been updated following the Joint Committee ICP workshop on 10 January 2023 and the Management Group (MG) meeting on 26 January 2023. Members noted that the feedback received from the MG was as follows:</p>

- CIAG and Horizon-scanning Prioritisation – No issues raised in relation to the risk-assessment and recommendations on these schemes (including a further assessment of deliverability) and no changes were advised,
- Strategy Planning Assumptions – No issues raised in relation to the assumptions that had been made and it was recognised that savings would be released to be reinvested in the system to recommission services and add value and no changes were advised,
- Performance Assumptions – the MG were concerned about the potential impact on the ability to respond to recovery in Paediatric Surgery and any potential need for outsourcing. It was agreed to handle the non-recurrent adjustment for underperformance as a financial planning assumption rather than a 'hard target', thereby balancing the provider and commissioner risks and opportunities, WHSSC have subsequently discussed this with both SBUHB and CVUHB in the recent Service Level Agreement meetings; and
- Contingency – the MG were concerned about the low level of funding in the baseline to cover in-year pressures and risks. However, it was agreed that this would be presented to the Joint Committee as a choice in the final agreement of the Plan rather than making a firm recommendation.

Members noted that during the second workshop with the MG it was agreed how the indicative 1% shared systems saving target would be presented. Taking into account discussions with Welsh Government (WG), this would not be applied as a Capital Improvement Plan (CIP) across all commissioning budgets but would be managed through a set of cross-cutting commissioning schemes and will be further worked up and impact assessed.

Members noted that a programme will be developed to support the planning and recommissioning work across pathways and WHSSC will work closely with Health Boards (HBs) to embed the schemes. Opportunities for new Clinical Networks structure and pathway re-design will also continue.

NJ also highlighted that GIRFT recommendations will be used in the continuous programme and Policy and Service Specification development and review, and NHS England (NHSE) will be consulted to explore opportunities emerging across the border. It was noted that the commissioning landscape for NHSE was changing considerably which did make it more difficult to pick out opportunities but it will continue to be progressed.

Members noted that after consideration, a significant number of disinvestments and recommissioning actions were identified, and an assessment of associated risks had also been undertaken.

SD provided an overview around the financial summary and members noted:

- The financial summary remained unchanged and there was approximately £300k left in contingency which had been put in place two years ago,
- Benchmarking work with NHSE had been undertaken and it was noted that NHSE had agreed a 6% total increase in budget for specialist commissioning, including an 8% uplift on drugs expenditure.

Rob Holcombe (RH) asked that in terms of process and pace for the 1% whether there was an emerging plan with willing volunteers from HBs to analyse target areas to ensure the traction that would be needed. SD responded and advised that WHSSC would engage quickly with HBs to ensure there was a firm plan in place with set timelines, and that some of the work had already been undertaken through the re-commencement of the Finance Sub-Group. Members noted that some key items were included in the efficiency forecast concerning contracting currencies, and that WHSSC would prioritise key areas of work, ensuring that it was possible to give appropriate notice to the providers on changing contracts.

NJ advised that as much planning as possible would be done before the end of the financial year and a programme management approach will be presented to the MG in March 2023. RH acknowledged that there was a considerable amount of work to be undertaken to engage with HBs and advised that he was willing to assist.

Paul Mears (PM) requested clarity around the governance framework for approving the ICP and the fixed nature of the financial plan if the ICP was approved, in the context that HBs had not yet agreed their own financial plans. The Chair responded and advised that the approach adhered to the process that was used each year, and that the ICP was approved by the Joint Committee at an early stage to be able to give certainty to the HBs on WHSSC expenditure to support HBs in approving their own Integrated Medium Term Plans (IMTPs).

Sian Lewis (SL) advised that the process was in accordance with the WHSSC Standing Orders (SOs) and the WG NHS Planning framework and that the sequencing for the ICP approval by the Joint Committee prior to HB approval of the IMTPs was well established.

NJ added that the Director of Planning in WG expected the WHSSC plan to be agreed before HBs could consider signing off their IMTPs as it reduced the HBs' financial uncertainties.

Mark Hackett (MH) advised that it had been helpful to hear about the position in NHSE concerning funding growth, and requested that WHSSC review the NHSE processes and consider any lessons that could be learnt at a future session, as commissioners should be concerned for the consequences for their residents of a lower uplift.

SD agreed to share the reports which will outline the detail when NHSE have published them. Once released, the learning will be pulled out of the report and shared here to provide assurance that we have not under anticipated growth in Wales.

Action: NHSE funding growth approach to be considered at a future JC session with a discussion on the variation and impact of investment between Scotland, England and Wales.

MH advised that reductions in spend were previously looked at and it was agreed that a provider strategy response associated with some of the disinvestments would need to be developed in the cases where this work could cause any service reconfiguration, especially the effects of disinvestment on the two tertiary providers, the need to maintain configurations and the need to look at alternatives and reconfiguration.

Suzanne Rankin (SR) advised that she agreed and that it was helpful provocation to move at pace. However, collaborative support would be required from the Joint Committee members and that timetabling would need to align to the budget allocations and disinvestments and ensure that patients received good quality care.

SR queried decisions concerning disinvestment for areas that were under-delivering and highlighted that care may still need to be delivered, and what provisions would be put in place in those circumstances.

SD responded and outlined the rationale for the assumptions of non-recovery and that, although HBs were planning to reach full recovery by the end of the calendar year, a predicted 50% was a reasonable financial planning assumption. He noted the ongoing challenges including the impact of industrial action on services. The ICP considered a non-recurrent gain.

Action: A review of the potential impacts on providers in Wales on strategic reinvestment, disinvestment and any subsequent reconfiguration to be discussed at a future JC meeting.

Carol Shillabeer (CS) thanked the team for the work that had gone into developing the plan and raised a query concerning contingency planning, as previously there had been underspends in year.

SD suggested that it could be managed flexibly within the budget and that any impact would be shared in the financial returns element of the monthly report.

Referring to the previous discussion on the sign off of the WHSSC budget SD advised that the Joint Committee were accountable for the budget, and that this was stated in the WG accountability letters and that custom and practice has been that the Joint Committee agree the ICP and then slot it into their IMTPs.

Steve Moore (SM) thanked the team for the work that had been done in such a short period of time and that it was pleasing to note the positive progress made. SM requested that the governance process for firming the ICP saving targets be looked at and to consider the implications as they could be significant. Members agreed that an outline governance system and process will be presented and considered at the 14 March 2023.

CS requested that WHSSC consider looking at the NHS Scotland position to enable more than one comparator group.

Action: An outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target be brought back to the Joint Committee for approval on 14 March 2023.

RH asked if there was a need for regular quarterly or half yearly reviews in terms of investments and savings against the ICP to track any areas in need of additional support. SD advised that the MG received monthly reports on progress against the plan and achievements, slippage and acceleration; and that Joint Committee received full reports on progress at each meeting as per the agreed work plan.

The Chair thanked everyone for their commitment to work with the team at WHSSC to achieve the savings over the year, and gave thanks to the MG members for their input. The Chair advised that the primary

	<p>focus for discussions to achieving the 1% efficiency savings will be Mental Health and Cardiac Services before moving on to other areas.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note that the Plan has been finalised following the Joint Committee meeting on 17 January 2023, and subsequent discussions at Management Group, • Approve the Integrated Commissioning Plan (ICP) 2023-2024 for submission to Welsh Government, • Approve the requirements of the Integrated Commissioning Plan (ICP) for inclusion in Health Board Integrated Medium Term Plans (IMTPs); and • Agree that an outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target be brought back to the Joint Committee for approval on 14 March 2023.
JC23/32	<p>3.1 Any Other Business</p> <p>Members also noted updates on other matters of business as follows:</p> <ul style="list-style-type: none"> • WHSSC Proposed Changes to Specialist Fertility Services CP37, Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy & CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning <p>Members noted that in an effort to improve outcomes for patients and reflect current evidence, two fertility policies had been reviewed and were issued for consultation in accordance with the process outlined in the WHSSC 'Policy for Policies' (which aligns to the process used by NICE and the All Wales Medicines Strategy Group (AWMSG)). The consultation documents were sent directly to a wide stakeholder group via email and the consultation was also signposted on the WHSSC website. SL advised that due to the emotive nature of these areas of policy WHSSC sought both ethical and legal advice prior to release.</p> <p>SL advised that in response to the consultation the Board of Community Health Councils (CHCs) in Wales had written to WHSSC concerning the process and their interpretation that the policy development should be considered as a service change for patients and that Section 183 of the National Health Services (Wales) Act 2006 applied. In the light of this interpretation by the Chief Officers of the Board of CHCs WHSSC has sought further legal advice.</p> <p>They also asked that the consultation was paused however WHSSC explained that they were reluctant to do this because:</p>

- Doing so would go outside of the published WHSSC policy update process and therefore risk future challenge regarding the policy development process,
- The consultation period had been extended to 12 weeks, and was due to close on the 17 February 2023 therefore there were no decision points or stop points in the immediate future which needed to be avoided; and
- It might inadvertently disadvantage stakeholders who have developed their consultation responses and were ready to submit.

Iolo Doull (ID) advised Members that a review of Fertility Services was planned by NICE for approximately two years' time. He noted that the WHSSC Policies were out of date and therefore due for review. He explained there was an extensive engagement process to develop the policy which included the Fertility Network. However, they had subsequently issued a press statement that was factually inaccurate which had caused members of the public to gain a false perception that WHSSC were proposing to reduce the service when the intention was in fact to improve equity of access. ID reiterated that this consultation was open to stakeholders and not a public consultation, the same process followed by NICE. He emphasised that if the CHCs' argument was upheld, it would have a huge impact on all clinical access policy development. WHSSC had therefore sought further legal advice to ensure we were doing the right thing and it was a clear and transparent process.

SL also reiterated that the process had been followed in alignment with NHS England, NICE and AWMMSG and if the process were required to be changed according to the CHC interpretation, it would have a wider impact across the whole of the NHS.

CS asked if dialogue had taken place with the CHC to understand their interpretation and whether HBs should initiate dialogue with them to mitigate the risk of getting to a point where a judicial review might be required. SL reassured Members that WHSSC and the CHCs had had regular discussions concerning this. Members noted that the CHCs were content to wait for the expert legal advice and that SL was meeting with the Board and Chief Officers of the CHC on 16 February 2023 to discuss. CS asked that HBs' Engagement and Comms Leads would be involved and informed due to the legal duty that sat with the HBs.

NJ informed Members that the HB Directors of Planning, Board Secretaries and Engagement Leads had been involved and kept up to

	<p>date. WHSSC had offered to draft a briefing for Engagement Leads and were updating them via the Engagement Leads Group Meetings.</p> <p>ACTION: HB Comms and Engagement Leads to be included in the circulation list for the feedback on the expert legal advice and discussions with the CHCs.</p> <p>TransVision Cymru – Letter and WHSSC Response Members noted that WHSSC had received a letter of concern from Trans Vision Cymru concerning moving services into the Welsh Gender Service, and which requested further engagement and a request to meet with WHSSC and WG. Carole Bell (CB) advised that a response letter had been issued acknowledging their requests and concerns and advising them that children’s services were different to adult services and any service changes or developments would need to be led by the Children’s Hospital for Wales. CB advised that the referral pathway was also different as referrals were made directly to Children and Adolescent mental Health Services (CAMHS), as a result of that they also received the support of Umbrella Cymru which English children did not have when accessing the pathway. The Chair advised the Group that discussions had taken place with WG around this as they had received a similar letter.</p>
JC23/33	<p>3.2 Date of Next Meeting The Joint Committee noted that the next scheduled meeting would be on 14 March 2023 at 13.30hrs via Teams.</p> <p>There being no other business other than the above the meeting was closed.</p>

Chair’s Signature:

Date:.....