

**Unconfirmed Minutes of the Meeting of the
WHSSC Joint Committee Meeting held In Public on
Tuesday 8 November 2022
via MS Teams**

Members Present:

Kate Eden	(KE)	Chair
Carole Bell	(CB)	Director of Nursing & Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB,
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB
Ian Phillips	(IP)	Chair, Welsh Kidney Network (WKN), Powys THB
Nicola Johnson	(NJ)	Director of Planning, WHSSC
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan UHB
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff & Value UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Ian Wells	(IW)	Independent Member, Cwm Taf Morgannwg UHB

Deputies:

Gill Harris (for Jo Whitehead)	(JH)	Deputy CEO/Executive Director Of Integrated Clinical Services, Betsi Cadwaladr UHB
Sian Harrop-Griffiths (for Mark Hackett)	(SHG)	Director of Strategy, Swansea Bay UHB

Apologies:

Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Steve Ham	(SH)	Chief Executive Officer, Velindre University NHS Trust
Jo Whitehead	(JW)	Chief Executive Officer, Betsi Cadwaladr UHB

In Attendance:

Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Claire Harding	(CH)	Assistant Director of Planning, WHSSC
David Roberts	(DR)	Director for Mental Health and Vulnerable Groups
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Health & Social Services, Welsh Government

Minutes:

Sara Casey	(SC)	Interim Corporate Governance Officer, WHSSC
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The meeting opened at 13:30hrs

Min Ref	Agenda Item
JC22/125	<p>1.1 Welcome and Introductions</p> <p>The Chair welcomed members to the meeting in Welsh and English and reminded them that meetings will continue to be held virtually via MS Teams.</p> <p>There were no objections raised to the meeting being recorded for administrative purposes. 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 worked in the wider interest.</p>
JC22/126	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted as above.</p>
JC22/127	<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>
JC22/128	<p>1.4 Minutes of the meeting held on 6 September 2022 and Matters Arising</p> <p>The minutes of the JC meeting held on 6 September 2022 were received and approved as a true and accurate record of the meeting.</p> <p>There were no matters arising.</p>
JC22/129	<p>1.5 Action Log</p> <p>The action log was received, and members noted the progress on the actions.</p>
JC22/130	<p>2.1 Draft Integrated Commissioning Plan (ICP) 2023-2025</p> <p>Members received an informative presentation on the draft Integrated Commissioning Plan (ICP) 2023-2026.</p> <p>Nicola Johnson (NJ) presented an overview of the ICP for the next year and shared the emerging financial plan, which was on track for full implementation by the end of quarter four 2022-2023. Members noted that arrangements were in progress for all business cases to be</p>



scrutinised prior to going through WHSSC's governance processes in line with the financial commitments in its plan.

Stuart Davies (SD) presented the Resourcing Plan and highlighted the salient points. Members noted that the key issue for the Plan would be a constrained economic environment for HBs, and that WHSSC anticipated starting the new year with a limited settlement position. There were extreme inflationary pressures, including those that impacted particularly on WHSSC, as a number of its independent sector contracts were driven by consumer price index.

Members were notified of a current uplift requirement of around 4%, which includes the previously mentioned pressures.

WHSSC would end this financial year in a favourable financial position due to an under-spend of £13 million, which was supported by a number of non-recurrent releases from the current and previous year. There were no further risk-sharing utilisation adjustments planned in order to ensure stability in the system.

Members discussed the financial elements of the plan and noted the constrained economic environment, recovery challenges and the volatile inflationary pressures. Members noted that the draft ICP was brought to Joint Committee early on in the planning process in order to support HBs in developing their own Integrated Medium Term Plans (IMTPs), and that WHSSC will work closely with HBs to develop the ICP in line with HB expectations.

Carol Shillabeer (CS) advised that the context was changing significantly on financial grounds, and that it was becoming unrealistic to expect a 4% increase. If the NHS receive the same financial allocation as last year, with inflationary pressures there will be an impact across all areas including specialised services.

CS advised that other scenarios should be considered and that timeframes aligning everything to a January deadline were not realistic and was challenging. There was a need for a whole HB approach and that the prioritisation process had worked and that there were some underlying assumptions on resources available to HBs.

Stuart Davies (SD) responded and advised that whilst the forecast looked negative, the finance team were working on a contingency plan in parallel, which provided opportunities to set out the consequences in more detail. Members noted that WHSSC were also making provisions for English baselines returning to normal and over-performing in the next financial year as they addressed extended waiting times. Provisions had also been built in this year to align with WHSSC's previously agreed priorities.



	<p>Nicola Prygodzicz (NP) advised that the financial outlook was not good and that having the information early on in the process was helpful and ensure organisations addressed their priorities and areas for deprioritisation. It is likely there would be significant slip-age next year and there was a need to look at what opportunities were available and assess the scale of the challenge.</p> <p>SD advised that there were opportunities to carry forward reserves into the next financial year, which had happened this year but that this year requests had been received to move resources back to HBs.</p> <p>NJ advised that there was considerable volatility and pressure in the system and these pressures would be taken to Management Group for consideration in November and December. The extraordinary JC meeting intended for the planned sign off on 10 January 2023 may not be realistic. Therefore, a further draft would be brought back to JC prior to the planned meeting in January to establish whether sign off was possible then, or if further work was necessary. By that time, the planning framework, financial assumptions, and possibly the allocation letters would have been received and WHSCC would have a clearer picture.</p> <p>The Chair thanked members for their input and comments, which she said were more important this year than ever. These discussions would be brought back to the members in January 2023 to ensure expectations continued to be met, and to review the evolving financial position.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the presentation and that that the final plan will be considered at the next meeting on 17 January 2023.
JC22/131	<p>2.2 Recovery Update (incl. Progress with Paediatric Surgery)</p> <p>Members received a presentation providing an update on recovery trajectories since the workshops held with the Joint Committee on the 12 July and 6 September 2022.</p> <p>Members noted updates on recovery trajectories for paediatric surgery recovery and recovery in key speciality areas including for the six accountability conditions specialities – cardiac, neurosurgery, paediatric surgery, bariatrics, thoracics and plastics.</p> <p>Recovery trajectories had been closely tracked during the last few committee meetings where members had asked for today’s meeting to focus on paediatric surgery.</p> <p>SD shared a presentation highlighting the recovery status for paediatric surgery and provided an illustration of the updated plan for the end of November which was currently being worked on. Members noted that</p>



the capacity and activity delivered was relative to contract but showed that for all scenarios the capacity was not due to return to contract levels.

NP advised that HBs were worried about paediatrics and cancer delays and noted a recent WHSSC briefing where the long-term impact of delays in paediatric surgery on children had been recognised. She queried why activity was still only 75-80%, and what the constraints were with providers. In addition, there were choices to be made as a group to reprioritise should the issue be theatre capacity or whether paediatric anaesthetists could not be recruited.

NP stated that it was important for the group to understand the challenges providers were facing, which were preventing a return to pre-COVID levels. She suggested a risk-based approach, or a deep dive, might be useful so that WHSSC could work with providers to in making the right decisions when addressing these backlogs.

CS advised that access equity was becoming more difficult, and stressed the importance of being realistic with regard to what Welsh HBs could deliver if they were significantly under-contract. She asked if switching some of the activity to an alternative provider for a period would enable that recovery, not as a standard rule, but to offer more agility and flexibility to ensure that children, in particular, could be treated. CS said she would be happy to have a conversation about the Powys flows and pathways as some of those were already established, although she stressed that she would not want to be adversely affected in risk-share recalculations down the line.

CS advised that Chief Executives were collectively working on the mobility of patients within the system to enable a more joined-up approach. This was due to different areas have different challenges on specialties and CS agreed to update the JC on the outcome.

The Chair advised that the JC had already held deep dive session on recovery; including paediatrics and that the information could be shared with NP as a new member of the committee.

SD said one of the most serious concerns with the current plan was that it did not forecast a return to full capacity, which was necessary for recovery.

Suzanne Rankin (SR) advised that she had reflected on the seriousness of the challenge and that quite often CEO's were only made aware of the gravity of the issues when they warranted a penalty, and would therefore welcome responding to the challenges together. If services were struggling it would be prudent to work collaboratively to consider de-commissioning and outsourcing.



	<p>The Chair thanked everyone for their contribution and advised that a further update on recovery would be considered at the JC scheduled to take place on 17 January 2023. In the meantime, the WHSSC colleagues will work with providers on a one-to-one basis to ensure they have all of the information they needed.</p> <p>Action: the Recovery Update planned for the Joint Committee meeting on 17 January 2023 to include a progress update on Paediatric Surgery.</p> <p>Action: recovery information from the deep dive session held with the Joint Committee to be shared with NP for information.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the presentation and that a further recovery update will be provided at the next meeting on 17 January 2023.
JC22/132	<p>3.1 Chair's Report</p> <p>The Chair's report was received and the Chair gave an update on relevant matters undertaken since the previous JC meeting.</p> <p>Members noted:</p> <ul style="list-style-type: none">• The recommendation to appoint two new WHSSC Independent Members (IMs) following a fair and open selection process, and the proposal to appoint Steve Spill from Swansea Bay UHB as the Finance & Audit IM and for Chantal Patel from Hywel Dda UHB to be appointed as the Generalist IM, commencing 1 December 2022,• The recommendation to extend the tenure of the of the Interim Chair of the All Wales Individual Patient Funding Request (IPFR) Panel until 31 March 2023,• Attendance at the Integrated Governance Committee 11 October 2022; and• Key meetings attended. <p>Paul Mears (PM) queried if there was any additional cost associated with the appointment of the two IMs, and the Chair confirmed that the Joint Committee had approved the funding in January 2022 to take effect from 1 April 2022; and that it was now covered within the existing budget and there was no additional cost.</p> <p>The Chair advised that the recruitment of the two new IMs meant there was a requirement to say goodbye to Ian Wells who had been on loan to WHSSC from Cwm Taf Morgannwg UHB as the Audit lead IM for the last 18 months. The Chair expressed her sincere gratitude to Ian on behalf WHSSC for the time and commitment he had shown during his tenure as an exemplary IM for WHSSC and wished him all the very best for the future.</p>



	<p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the report,• Approve the recommendations to appoint two new WHSSC Independent Members (IMs) from 1 December 2022 for a period of 2 years; and• Approve the recommendation to extend the tenure of the Interim Chair for the Individual Patient Funding Request (IPFR) panel until 31 March 2023.
JC22/133	<p>3.2 Managing Director's Report</p> <p>The Managing Director's Report was received and the Managing Director gave an update on relevant matters undertaken since the previous JC meeting.</p> <p>Members noted:</p> <ul style="list-style-type: none">• Paediatric Radiology Consultant Recruitment - units in NHS England (NHSE) had agreed to host NHS Wales funded paediatric radiology training posts for trainees on the Wales Radiology Training Programme. HEIW are taking this forward,• Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service – Engagement Process Update – Further to the HBs agreeing the approach for engagement at their Board meetings in September 2022, it was planned that the engagement process would commence on 24 October 2022, however this had unfortunately been delayed and the engagement will now commence in November,• Evaluation of 4th Thoracic Surgeon activity - WHSSC were supporting the appointment of a 4th consultant surgeon post in CVUHB to provide continued support for the Major Trauma Centre (MTC) and to support the future needs of the service; and• Briefing Duty of Candour and Duty of Quality – WHSSC had received a briefing from Welsh Government (WG) on the Health & Social Care (Quality & Engagement) (Wales) Act 2022 with a specific focus on the consultation process for the duty of candour and the soon to be launched consultation process on the duty of quality. <p>Sian Harrop-Griffiths (SHG) queried if there was an agreed timeline for the engagement concerning cochlear implant. SL advised that the consultation documents had been agreed by HBs and the engagement process would be ready to go out later in November.</p> <p>SH-G queried whether the evaluation on the fourth thoracic surgeon could be shared with HBs as during the summer conversation as held between SBUHB, WHSSC and Dindi Gill, Clinical Director for the Major Trauma Network (MTN), regarding work on rib fixation through the MTN. SHG advised that Karen Preece (KP) had indicated there was a need to wait for the outcome of the evaluation, which had now been received. It</p>



	<p>was agreed that SHG and NJ would discuss with Los Harry outside of the meeting.</p> <p>Action: NJ to liaise with SHG and Los Harry to discuss progress with the evaluation for the Major Trauma Network (MTN).</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the report.
JC22/134	<p>3.3 Delivering Thrombectomy Capacity in South Wales</p> <p>The report outlining WHSSC's position on the commissioning of Mechanical Thrombectomy for the population of Wales was received.</p> <p>NJ presented an update on thrombectomy capacity in South Wales and members noted the proposed plan for a Mechanical Thrombectomy service at the Neurosciences centre, CVUHB and that WHSSC continued to work with CVUHB to progress the Business Case to develop a Mechanical Thrombectomy centre in south Wales and the financial model had been shared and was being worked through. It was proposed that the service would be implemented in a phased approach over four years.</p> <p>Members noted:</p> <ul style="list-style-type: none">• That WHSSC had worked hard to ensure that Welsh patients had good access to this intervention and, as part of that, had commissioned thrombectomy for the South Wales population from Bristol, and this was part of the plan that had been put in place for this year. The issues around image transfer had been resolved for the whole of Wales which also offered benefit into Powys and North Wales,• In terms of access, the clinical advice and standards were to expect around 10% of appropriate stroke patients to be accessing thrombectomy and that was what was being aimed at currently. Currently, the data showed it was below that at 1.3%, so there was a lot to do in the non-tertiary elements of the pathway for those patients to be pulled through. There was an associated report to the NHS Wales Collaborative Executive Group which CEOs were aware of,• The intention was to Commission the service from CVUHB for south Wales patients and this was included in the plan for next year with the business case expected in quarter four,• WHSSC was in negotiation over the financial aspects of the proposal, and that would go through the normal scrutiny and governance processes in quarter four of this year,• There were workforce issues around implementation for interventional radiology which were identified in the report. WHSSC was working on those with Cardiff & Vale and HEIW and it was expected that this would be implemented on a phased basis into next year, subject to agreement from Management Group; and• There was also a proposal for a gateway review to take place at the end of year two, due to the pump priming that would be required for



this development, to establish the size and shape of the service at that point.

PM asked if the services which were planned to be commissioned from CVUHB would be 24/7 and advised that he was concerned over workforce constraints should the Bristol service be decommissioned.

PM expressed concerns over the resilience of the service being planned for commission in Cardiff and how quickly that service could be staffed to the level Bristol were moving towards. Bristol were already on an 8-8 and would be moving to 24/7, so they obviously had the scale and critical mass to do that, whilst Cardiff would be starting from scratch. Therefore, there was a risk that Cardiff would be unable to provide a 24/7 service from the outset.

NJ responded and advised that that the phasing and the pump priming supported a network approach with Bristol to ensure there was that resilience. The phasing was around that readiness assessment as we go through it in terms of the transfer and it was likely that there would be a network service for the first few phases, with the support of Bristol and potential joint appointments, and WHSSC would be looking to put that sustainable model in place. SL added that this would be a sequential change to strengthen Cardiff's service.

SR stated that she doubted they would ever be able to mobilise a sustainable service and advised that WHSSC should be really clear with Bristol that this was likely to be a network service for the foreseeable future and commission it in that way so that they don't have the opportunity to seek a better offer elsewhere, or step back from it. WHSSC needed to be really clear about the model, certainly over a 5-10 year horizon, as it would take that long to recruit sufficient thrombectomy interventional radiologists from the UK to fill all the potential opportunities and that WHSSC should not be pursuing a 'Cardiff only' line.

PM agreed and advised he was unsure if he could support the model moving forward without further work.

SL advised that the emphasis from members seemed to be on the Cardiff service whilst this was about a network service. The important issue was the commitment to Cardiff maintaining a thrombectomy service as there was a very close link between having a thrombectomy service and having an INR service, and there was very close linkage between having an INR service and having a neurosurgery service. The commitment to a longer-term development in thrombectomy within Cardiff had other strategic implications. SL assured members that this was about a long-term commitment to Cardiff, whilst recognising the feasibility of what we



were doing, but it was important to 'set our stall out' and show we have a long-term commitment to thrombectomy.

SL advised members that another 'disruptive' element to planning the service was the likelihood that within the next couple of years it would not just be interventional radiologists doing thrombectomy. Scotland was already moving towards a model where cardiologists were delivering thrombectomy. Therefore, WHSSC needed to be responsive should that happen, and ensure it kept its options open.

The Chair thanked members for the questions and challenges and asked the team to revise the report and accompanying documents to reflect the discussion and questions that had been raised and to make it clearer that this was a networked approach with interdependencies around the Cardiff element. The report should be brought back to the JC meeting in early 2023 for further discussion and should include clarity on the networked approach; interdependencies around the network approach and pick up additional elements including the stroke review.

Action: The Delivering Thrombectomy Capacity in South Wales report and accompanying documents to be updated to provide greater emphasis on the networked approach, interdependencies around the network approach and pick up additional elements including the stroke review.

The updated report should be presented to the JC in early 2023 for further discussion.

The Chair advised that there was a commissioning workshop scheduled for the end of November with the Management Group and she would ask the team if this could be included so they had the opportunity to consider the issues before it came back to JC.

The Joint Committee resolved to:

- **Note** the report,
- **Note** the WHSSC Position Statement on the Commissioning of Mechanical Thrombectomy and **requested** that a revised report be brought back to the Joint Committee to include additional detail on the networked approach, interdependencies around the network approach and to include additional elements concerning the stroke pathway,
- **Note** the associated risks with the current delivery model for Welsh stroke patients requiring access to tertiary Thrombectomy centres; and
- **Note** the NHS Wales Health Collaborative (NWHC) proposal to strengthen and improve regional clinical stroke pathways in Wales to support the Mechanical Thrombectomy pathway to ensure that patients receive this time-critical procedure in a timely manner.



JC22/135

3.4 Mental Health Strategy Development

The report advising the Joint Committee of the stakeholder feedback received from the engagement exercise for the Specialised Services Strategy for Mental Health and outline the next steps and proposals to move into implementation of the strategy from April 2023 was received.

David Roberts (DR) presented the report and members noted:

- That the JC had received a draft of the Specialised Services Strategy for the period 2022 to 2028 and had endorsed its circulation to a comprehensive list of stakeholders,
- The stakeholder feedback received indicated that 99.5% were either positive or partly positive, leaving only four negative responses. Two related to the setting up of a Security Services Board across Wales, one to the consideration of a CAMHS in-patient referral hub, and one to providing an electronic patient system. There was no strong opposition to any of the key recommendations,
- The next step was to commence the consultation process which would involve patients, carers and the public. An 8 week consultation process had been proposed,
- The intention was to put a demand to capacity analysis in place using predictive analysing techniques. This would assist in understanding any vagaries in the system which were currently producing failure demand, and would enable services to be commissioned at the appropriate level, whilst also testing other parts of the system. In order to do this, WHSSC needed to Commission external support. There was also a need for some extensive service modelling engaging clinicians across Wales, and a number of key areas would need to be scoped which would provide the opportunity to learn outside of Wales,
- The proposed program governance structure to support the implementation which also needed to support a change process across the principality; and
- The proposed revised timeline to enable a consultation period starting on 14 November 2022, and ending on 9 January 2023. Feedback from that consultation would then go to JC on 14 March 2023 with publication of the strategy by 31 March 2023.

Members discussed the need for the demand and capacity work to inform the final version of the strategy and to ensure that it is focussed on delivering sustainable services which offer value for money.

CS advised that she was keen to ensure that WHSSC felt confident enough that demand and capacity work would influence the strategy. DR emphasised that WHSSC needed to ensure that it was extracting value out of every pound it spent on mental health and learning disability services at the specialised level. The implementation of the strategy would produce some opportunities, although he was unsure how quickly they would manifest themselves.



PM expressed concerned on the financial aspect due to the large amount of factors being articulated within the report for specialist services and how they would be funded, resourced and prioritised. SL advised that mental health was WHSSC's third biggest spend but it was struggling with access across England, which was becoming more and more challenging and in some areas it was paying high costs for services which were not optimum. Therefore, there were opportunities to gain better value from the system rather than spend more.

DR informed members that there were currently 68 medium secure patients outside of the NHS Wales system who were either being cared for by NHS England (NHSE) or by the independent sector and that WHSSC needed to look at these areas to ensure it is getting value for money and that the Welsh pound was being spent in the right places.

NP asked how the context of eating disorders had been factored in the upstream investment that reduced the demand for specialist, as there was evidence that if investment was right at tiers 1-3, the demand for Tier 4 was reduced, and this would apply to CAMHS and some of the other services.

Members held a full discussion and the general consensus was that to understand demand and capacity in one part of the system, WHSSC would need to look across the system. Specialist mental health could not be looked at in isolation, and it was highlighted that the demand for specialised services could possibly be reduced if pathways were managed differently. WHSSC needed to look at what professionals it had against what was needed and then address the deficit and until a proper demand and capacity exercise was carried out; it would not be possible to carry out a prioritisation exercise.

DR said he felt comfortable that it was possible to deliver a demand and capacity exercise which looked at the whole pathway; took account of all the options available; considered the status quo minus x per cent, and provided an assessment on demand in the medium to long term and was something that WHSSC needed to. Failure to do so would leave stones unturned and that NHS Wales could not afford to do anything which did not produce value. He acknowledged the comments made However, given the comments made and agreed to review the time lines.

Action: DR to review the Mental Health Strategy Development report timelines.

The Joint Committee resolved to:

- **Note** the stakeholder feedback received from the 12-week engagement exercise on the draft Specialist Mental Health Strategy;
- **Agree** the proposals to:



	<ul style="list-style-type: none">○ Undertake an 8 week consultation process using the draft consultation document,○ Commission demand and capacity modelling with immediate effect; and○ Develop a programme approach to implementation of the Strategy following the consultation exercise; and <ul style="list-style-type: none">● Note that the final version of the strategy will need to take into account the demand and capacity modelling and the timescales for approval may need to be amended.
JC22/136	<p>3.5 Single Commissioner for Secure Mental Health Services Proposal</p> <p>The report presenting the options for a single national organisation to commission integrated secure mental health services for Wales for HBs to consider was received.</p> <p>DR presented the report and members noted:</p> <ul style="list-style-type: none">● That the report has been prepared following a request received from WG for the WHSSC Joint Committee to provide the mechanism for the recommendation from the “Making Days Count” review to be considered, and for the Joint Committee to make a recommendation to WG on the preferred option,● The letter specifically asked that WHSSC and HBs consider the benefit of a single national organisation to commission integrated security services and was presented to the JC on 6 Sept 2022 for information,● The options appraisal for a single commissioner included six potential options: Status Quo, WHSSC, the National Collaborative Commissioning Unit (NCCU), the Welsh NHS Collaborative, a newly formed secure services network or one of the seven HBs; and● After the detailed analysis which included consideration of the governance framework, experience and skills to commission NHS services it was proposed that there were 3 potential options: status quo, WHSSC or one of the seven HBs. <p>SHG advised that SBUHB were completely supportive of a single commissioner, however it was not clear from report who had been involved in suggesting WHSSC as a potential option. DR responded and advised that the WHSSC team had undertaken the analysis for the options appraisal to enable the JC to have options for consideration.</p> <p>NP advised that she had no major issues in principle, however the team at ABUHB had some practical questions which could be picked up through the task and finish group.</p> <p>PM queried the scale of the expenditure for a single commissioner and DR advised he would confirm the amount and update the JC outside of the meeting.</p>



	<p>SR queried why the NCCU had not been included as an option, and DR advised that they had been excluded, as they did not have the required governance structure in place.</p> <p>Members agreed to share the report with HB colleagues and for a response to the options appraisal to be sent to WHSSC by the end of December 2022 in readiness for the Joint Committee meeting 17 January 2023. DR agreed to share the report with the timelines.</p> <p>Action: DR to circulate the report outlining a proposal for a Single Commissioner for Secure Mental Health Services Proposal to CEO's to include the timelines for response.</p> <p>The Chair advised members that the queries raised should be shared across the HBs to ensure there was a mechanism through which everyone could see the questions and answers to support the engagement process.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the report,• Consider the options for a single national organisation to commission integrated Secure Mental Health Services for Wales,• Agree to share the report with HB colleagues and for a response to the options appraisal to be sent to WHSSC by the end of December 2022; and• Noted that the proposal will return to the Joint Committee for decision on 17 January 2023.
JC22/137	<p>3.6 Gender Identity Development Service (GIDS)</p> <p>The report updating members about the Gender Identity Development Service (GIDS) for Children and Young People including what the changes mean for children and young people in Wales and next steps was received.</p> <p>Carole Bell (CB) presented the report and members noted:</p> <ul style="list-style-type: none">• The decommissioning of the Tavistock and Portman service, possibly from April 2023, and the NHS England transformation program that was in place to meet the recommendations of the CASS review and implement the early adopter sites,• The update on the current position with regards to the waiting lists, access to puberty blockers and the proposed research program going forward; and• The current commissioning position and the next steps in terms of engagement with the National Transformation Programme. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the information presented within the report; and



	<ul style="list-style-type: none">• Note the information presented at Appendix 1 regarding the decommissioning of the Tavistock and Portman NHS Foundation Trust (TPNFT) and the NHS England (NHSE) transformation programme.
JC22/138	<p>3.7 Individual Patient Funding Request (IPFR) Governance Engagement Update</p> <p>The report seeking support for the proposed engagement process for the WHSSC Individual Patient Funding Request (IPFR) panel and Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy was received.</p> <p>Iolo Doull (ID) presented the report and members noted:</p> <ul style="list-style-type: none">• WHSSC’s longstanding issues concerning the quoracy of the WHSSC IPFR Panel,• The judgement handed down in the judicial review of a case of a patient with a specific type of bowel cancer and the comments made concerning the WHSSC Tor and the All Wales IPFR Policy• That WG had confirmed that the All Wales IPFR panel was a sub-committee of the JC and that it was within its authority to obtain an approved ToR,• Legal advice had been sought from David Locke KC to support developing and strengthening the ToR and policy,• That WG had agreed that WHSSC could embark an engagement process to review the IPFR panel ToR and a specific and limited review of the All Wales IPFR Policy,• The engagement process will commence on the 10 November 2022 for a 6 week period with key stakeholders, including the All Wales Therapeutics and Toxicology Centre (AWTTC), the IPFR Quality Assurance Advisory Group (QAG), the Medical Directors and the Board Secretaries of each of the HBs and Velindre University NHS Trust (VUNT); and• That David Locke KC would provide a briefing to the All Wales Medical Directors Group and to the stakeholder engagement event planned for all HBs in early December 2022. <p>SHG queried if the IPFR Policy Implementation Group (PIG) had been involved and CB advised that they had been made aware that the work taking place and there had been discussions, but further involvement could only take place after Joint Committee had approved the consultation.</p> <p>The Chair advised that In the absence of any questions relating to this that an update would be provided to members at the next JC meeting in January 2023.</p> <p>Action: An update on the Individual Patient Funding Request (IPFR) Engagement process to be provided to the JC in early 2023.</p>



	<p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the report; and• Support the proposed process for engagement for the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy.
JC22/139	<p>4.1. Covid-19 Period Activity Report - Month 6 2022-2023</p> <p>The report highlighting the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity was received.</p> <p>Members noted addition of a new Annexe A to summarise all of the positions against each other. This included key specialties being compared directly for example Cardiff & Vale with Liverpool, and a new headline comparator.</p> <p>Members:</p> <ul style="list-style-type: none">• Noted the report.
JC22/140	<p>4.2 Financial Performance Report Month 6 2022-2023</p> <p>The financial performance report setting out the financial position for WHSSC for month 6 of 2022-2023 was received.</p> <p>Members noted that the financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan by the JC in February 2022.</p> <p>The financial position reported at Month 6 for WHSSC is a year-end outturn forecast under spend of £13,711k. The under spend predominantly related to releasable reserves from 2021-2022 and declared slippage in development schemes, partially offset by forecast over spends in specialised mental health provision and NHS England contracted providers.</p> <p>Members:</p> <ul style="list-style-type: none">• Noted the current financial position and forecast year-end position.
JC22/141	<p>4.3 Corporate Governance Matters Report</p> <p>The Corporate Governance Matters report was received and members noted the update on corporate governance matters that had arisen since the last meeting.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the report.
JC22/142	<p>4.4 Reports from the Joint Sub-Committees</p> <p>The Joint Committee Sub-Committee reports were received as follows:</p>



i. Management Group Briefing

The JC noted the core briefing documents from the meetings held on 25 August 2022, 22 September 2022 and 27 October 2022.

ii. Quality & Patient Safety Committee (QPSC) Members

The JC noted the Chair's report from the meeting held on 25 October 2022.

Members noted the final internal audit assessment report on WHSSC quality reporting which had been given a substantial assurance rating. The report had been discussed at the QPSC Development Day and at the QPSC meeting, and there was only one matter requiring management attention.

The Chair extended her congratulations to the team for the substantial assurance rating.

iii. Integrated Governance Committee (IGC)

The JC noted the Chair's report from the meeting held on 11 October 2022.

iv. Individual Patient Funding Request (IPFR) Panel

The JC noted the Chair's report from the meeting held on 20 October 2022.

v. Welsh Kidney Network (WKN)

The JC noted the Chair's report from the meeting held on 6 October 2022. Ian Phillips (IP) referred to the recommendations shared previously from the Governance Review and advised that a further workshop had been planned for 23 November as part of the planned WKN Board meeting to give them the opportunity to fully contribute to the action plan, and this would be brought back to JC in January 2023 for consideration.

IP stated that with regard to the significant procurement going on in SBUHB, there would be several unavoidable delays to the original timescales due to the huge financial volatility. Bearing in mind the conversations at the start of this meeting, this represented a significant risk in terms of affordability. WKN would receive an update on 23 November 2022 and the outcome of that would be reported back to in the JC meeting in January 2023.

IP referred to the Quality Statement, which was a WG requirement and involved the whole of the patient pathway in something WKN had been asked to develop, which did not represent specialised services. Clarity had been sought from WG as to why they thought the WKN should be involved in the aims of the Quality Statement. IP agreed to provide an



	<p>update in due course, but this also fed into WHSSC's terms of reference as part of the Governance Review.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the reports.
JC22/143	<p>5.1. Any Other Business</p> <p>Skin Camouflage Pilot Service – members noted that on 28 October 2022 WHSSC received a formal request from WG following agreement at the NHS Wales Leadership Board (NWLB) for WHSSC to commission the national skin camouflage pilot service. Members noted that this was a small service which would support the national commitment to 'Pledge to be Seen', with an annual spend of around £35,000. The letter would be brought back to JC in January</p> <p>CMTUHB Audit Lead Independent Member (IM) – on behalf of the Joint Committee the Chair formally thanked Ian Wells, IM CTMUHB for all of his support since he was appointed as CTMUHB audit lead for WHSSC eighteen months ago. The Chair advised that he had been an invaluable member of the team and that WHSSC were extremely grateful to him for his commitment of time and effort, which was especially notable given his normal HB responsibilities; and</p> <p>Retirement of CEO BCUHB – The Chair acknowledged what would have been Joe Whitehead's last meeting with the Joint Committee, and on behalf of the Joint Committee offered thanks for her time and commitment to the Joint Committee's business and wished her well in her retirement.</p>
JC22/144	<p>5.2 Date of Next Scheduled Meeting</p> <p>The JC noted that the next scheduled meeting would be on 17 January 2023.</p> <p>There being no other business other than the above the meeting was closed.</p>
JC22/145	<p>5.3 In Committee Resolution</p> <p>The Joint Committee is recommended to make the following resolution: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".</p>



Chair's Signature:

Date:

CONFIRMED