GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

# WELSH HEALTH SPECIALIST SERVICES

# INTEGRATED COMMISSIONING PLAN (ICP)

# 2022–2025

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## FOREWORD

During what has been an extremely challenging two years for the Welsh NHS, we are proud to present the Specialised Services Integrated Commissioning Plan (ICP) 2022-2025, on behalf of the seven Health Boards in Wales.

Whilst our plan is ambitious, and aims to regain a position of pre-COVID-19 activity, it also appreciates the position that provider organisations in both England and Wales are experiencing. As such it also commits us to working with Health Boards and Trusts, to jointly understand demand, capacity and activity available for the population of Wales, whilst driving forward systems to enable equity of access and provision for all Welsh residents through a flexible approach to redistribution, outsourcing and innovative means of new and additional provision.

Within the forthcoming period, and specifically that of this plan, our commitment is to strengthen our commissioner led, provider informed strategy, which in itself will also signal a shift towards strengthening strategic prioritisation, investment and sustainability.

We could not present this plan without acknowledging the commitment and expertise of the WHSSC team who continue to work to develop relationships across Wales and England on behalf of the seven Welsh Health Boards in order to secure specialist services for the population of Wales.

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**Sian Lewis**
**Managing Director**

**Kate Eden**
**Chair**

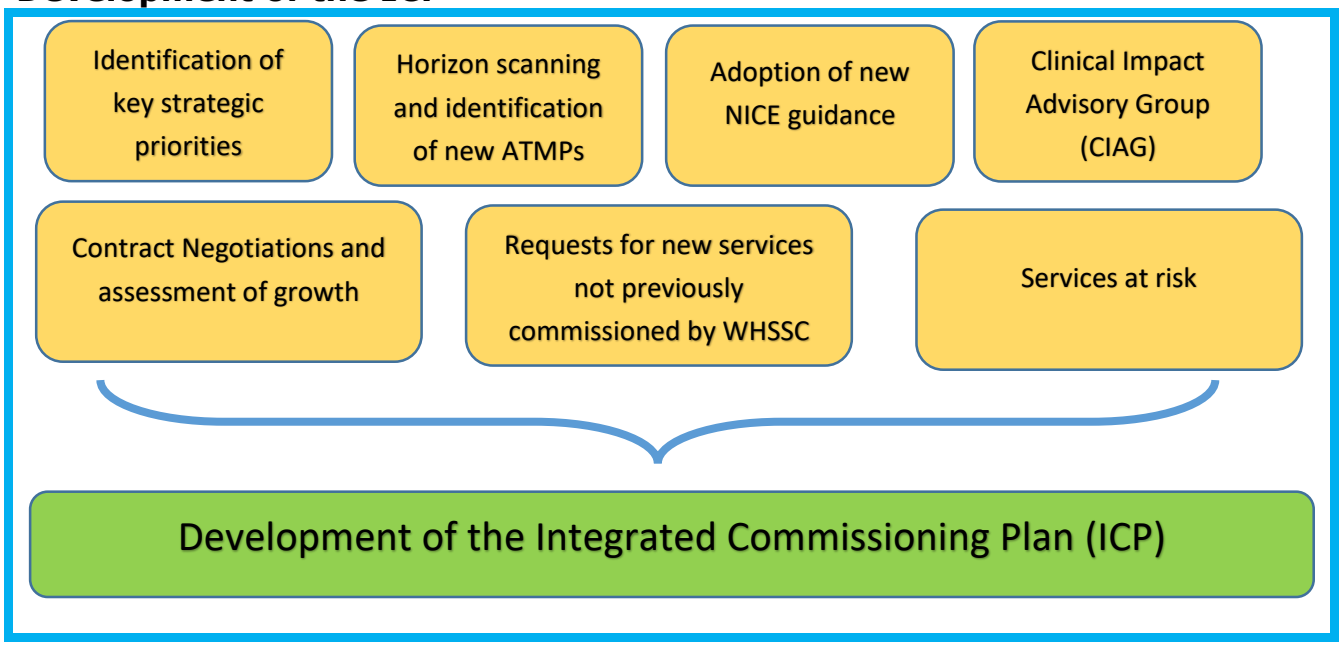
## EXECUTIVE SUMMARY

Once again, this plan was written within the challenging context of COVID-19 recovery, the sustained management of the pandemic and the need to recover specialist services provision for the population of Wales. This plan includes the following sections, a summary of which is provided below:

### Introduction, Requirements and WHSSC Profile

The Integrated Commissioning Plan (ICP) is developed on behalf of the seven Health Boards (HBs) in response to NHS planning guidance, requiring all to develop Integrated Medium Term Plans that seek to align plans for service finance and workforce across NHS Wales. The WHSSC ICP takes account the wide range of national and ministerial priorities and makes commitments as to how it will ensure contribution to each of these. This section also offers information on WHSSC, how it is governed, how it works with stakeholders in the development of the ICP, and how it organises its business, as well as celebrating the achievements of the last ICP, which is supported in detail in Appendix A.

### Development of the ICP




This section of the ICP takes the reader through the main processes that have informed the development and priorities of the ICP. The outcomes of these processes are also outlined along with a new section this year on a range of additional services that WHSSC has been asked to take within its portfolio. Each year the ICP signals some of its strategic priorities. These are bulleted below and outlined in detail in the ICP itself:

| | |
|---|---|
| Developing a Specialist Services Strategy for NHS Wales | Development of a Specialised Mental Health Strategy |
| Development of a Specialist Paediatric Strategy | Enhancing Major Trauma provision |
| Intestinal Failure Review | Neonatal Cot review |
| Commissioning specialist services for the North Wales population | Ensuring Equity for Powys residents |
| All Wales PET Programme | |

This section is supported by Appendix C that offers a visual representation of the areas of investment signalled within the ICP.

**Recovery Profile and Actions**
The ICP is written again within the context of a pandemic and the challenges to delivering and improving services within the constraints on capacity and workforce that this brings. This year, the ICP contains a profile of recovery of the main specialist service areas. It notes that the main challenges are in South Wales, with areas of particular concern being:

- Bariatric Surgery
- Cardiac Surgery
- Plastic Surgery
- Neurosurgery
- Paediatric Surgery

The ICP signals a commitment to continue to work with providers in NHS Wales and NHS England to continually assess the position through established contracting mechanisms, and to seek to secure alternate pathways for Welsh residents were possible.

**Commissioning Priorities**
This section of the ICP takes the five commissioning team areas and those of the Welsh Clinical Renal Network (WCRN), and sets out the priorities that will be delivered within each of them through the timeframe of this plan. Each of the commissioning portfolios have an associated work plan, the headline dates of which are contained in this section of the ICP.

**Governance Risk and Assurance**
This section of the ICP outlines the mechanisms that are in place within WHSSC to ensure good governance, effective management of risk and assurance through to Joint Committee.

**Funding the ICP**
In the final section of this plan, detailed arrangements are set out as to how all of the commitments signalled within the ICP will be resourced. This section is supported by detailed financial tables included within the appendices.

## 1.0 INTRODUCTION

Each year Welsh Government issues planning guidance that places a requirement on organisations within NHS Wales, for the development of integrated plans, that seek to align; service, workforce and finance. This plan responds to that guidance, and seeks to present a cohesive plan for the commissioning of Specialised Services for the people of Wales. The ICP is developed by the Welsh Health Specialised Services Committee (WHSSC) on behalf of the seven Health Boards (HBs) in Wales, and is the basis upon which HBs will plan for specialist services provision within their Integrated Medium Term Plans (IMTPs). Once again this year the plan has been developed within the ever changing context of the Coronavirus pandemic, a situation that has seen the delivery of specialist services impacted in both Welsh and English providers. Section 6 of the ICP provides a detailed position on the impact of the pandemic on the delivery of specialist services and the commissioning intentions in section 5 both seek to support services to improve, modernise and deliver services that meet the needs of patients in Wales.

## 2.0 WHSSC PROFILE

WHSSC is a Joint Committee of the seven HBs, set up to plan and commission a full range of specialised services for the Welsh population. The Joint Committee is hosted by Cwm Taf Morgannwg University Health Board (CTMUHB) on behalf of each of the seven HBs in Wales, and is comprised of:

- A remunerated chair appointed by the Minister for Health and Social Services
- Three Independent Members (IMs) - (a vice chair and two non-officer members) two of whom are drawn from the IMs of the HBs, and one selected as an Audit lead from CTMUHB, (in accordance with the hosting agreement between WHSSC and CTMUHB)
- The Chief Executive of each HB
- Various executive officers of WHSSC employed by the host HB
- The Chief Executives of the three Welsh NHS Trusts, who are Associate Members

The purpose of the Joint Committee is to act on behalf of all the seven HBs to ensure equitable access to safe, effective and sustainable specialised services for the people of Wales. This is achieved through working collaboratively on the basis of a shared, national approach where each member works in the wider interest of NHS Wales.

The Joint Committee is supported by five joint sub-committees in the discharge of its functions:

- All Wales Individual Patient Funding Request (IPFR) Panel (WHSSC)
- Integrated Governance Committee
- Management Group

- Quality and Patient Safety Committee
- Welsh Renal Clinical Network

WHSSC's Aim is to ensure that there is:

***Equitable access to safe, effective and sustainable specialist services for the people of Wales, as close to patients' homes as possible, within available resources***

In order to achieve this aim, WHSSC works closely with each of the HBs (in both their commissioner and provider roles) as well as with Welsh NHS Trusts, providers in NHS England and the independent sector. The commissioning of specialised services is informed through the application of the Prudent Healthcare Principles and the 'Quadruple Aim' identified in the Parliamentary Review of Health and Social Care in Wales.

Organisationally, WHSSC is split into five Directorates; Corporate, Finance, Medical, Nursing and Quality and Planning, these functions come together to create five cross directorate commissioning teams. These commissioning teams are:

- Cancer and Blood
- Cardiac Services
- Mental Health and Vulnerable Groups
- Neurosciences and Long Term Conditions
- Women and Children's Services

WHSSC also commissions the Traumatic Stress Wales service, and the Welsh Renal Clinical Network (WRCN).

Within the period of the last plan, a review into the *Committee Governance arrangements at WHSSC* took place, the recommendations of which are being progressed. These include the need to recognise the complexity of the Independent Member role within WHSSC and the consideration of remuneration in this regard.

WHSSC'S service profile has grown considerably over recent years, however its infrastructure has remained static. In order to reflect this growth "in responsibility" this plan makes provision for a small growth in WHSSCS direct running costs.

## 3.0 KEY WHSSC ACHIEVEMENTS OF INTEGRATED COMISSIONING PLAN (ICP) 2021-2022

Despite the challenging context of the 2021-2022 implementation period, WHSSC is pleased to share the progress that has been made across all commissioning

portfolios against implementation of the ICP 2021-2022. A synopsis of these achievements is outlined in Appendix A.

## 4.0 STRATEGIC CONTEXT FOR SPECIALISED SERVICES FOR THE POPULATION OF WALES

### 4.1 Ministerial Priorities & Measures

WHSSC are ambitious about our role in supporting the bold agenda set out in A Healthier Wales (2018) that describes a whole system approach to health and social care. Putting quality and safety above all else is the first NHS Wales core value. This focus has been strengthened more recently through the Health and Social Care (Quality and Engagement) (Wales) Act (2020), the National Clinical Framework for Wales (2021) and the Quality and Safety Framework (2021). Collectively these set out an aspiration for quality-led health and care services, underpinned by prudent healthcare principles, value-based healthcare and the quadruple aim.

This section outlines the eight Ministerial priorities shared through the Director General for Health and Social care correspondence on 09 July 2021, along with WHSSC's commitment and contribution to their achievement. During January 2022, the Minister also issued a range of measures that require reporting upon from April 2022. The measures are structured against the following domains:

- Population Health
- Care closer to home
- Infection, prevention and control
- Six goals of urgent and emergency care
- Access to timely planned care
- Workforce
- Digital and the economy
- Economy and environment

WHSSC will establish a baseline of performance against the measures, and will enable a discussion at Joint Committee on this baseline during March 2022. Position against the measures will be monitored through existing WHSSC mechanisms:

| | |
|---|---|
| SLA Meetings with providers | Assurance of delivery against measures, discussion on any gap between measure and delivery<br><br>Agreement on management plan to close gap |
| Assurance/performance meetings | Proposed that the assurance meetings once again become performance meetings<br><br>Assessment of each service area against measures<br><br>Report through pre SLA meetings to inform actual SLA meet |

It is important context for the development of this plan to recognise that the UK is still in the midst of a public health emergency in its continued efforts of ***recovering from COVID-19***.

In response to this ministerial priority, WHSSC will:

- Continue to work with providers of specialised services to build confidence and provide reassurance to patients
- Redeploy staff as necessary to the continued recovery efforts
- Understand the potential impact of long COVID-19 on specialist services provision
- Continue to assess longer term harms of COVID-19 and build these into WHSSC planning
- Support staff to engage with recovery efforts such as Test Track and Protect, vaccination and a balance to hybrid working practices

***NHS Recovery*:** Recovery across all part of the system and pathways is a key focus for WHSSC, both in understanding how specialist services will and can recover, and in understanding how recovery interventions in the secondary care part of the pathway may translate into the need for additional tertiary services. WHSSC has a priority to ensure equitable access to service and will seek to work with providers to ensure recovery enables equity of access for all Welsh residents.

In response to this ministerial priority, WHSSC will:

- Continue to work providers to support and performance manage the recovery position for specialist services for Welsh residents
- Seek to drive equity and equality of access for Welsh patients requiring specialist services provision
- Commission innovative ways of working building on developments made through the NHS' COVID-19 response
- Work closely with Welsh Government and providers to promote the use of allocations given to Health Boards for recovery, that positively impacts on the Specialist Services pathway
- Work to foster a collaborative approach across providers for the safe and timely care of patients
- Commission alternative pathways as appropriate

In recognising the importance of the NHS ***working alongside social care,*** WHSSC will:

- Continue to work with Health Boards in understanding their local arrangements for health and care, particularly as they apply to the early part of a patient's pathway and the recovery following a specialist service intervention
- WHSSC will also foster a stronger working relationship with the Assistant Medical Directors Group for primary care in order to ensure issues of this kind are integral developmental discussions when planning and commissioning WHSSC work

***A Healthier Wales*** remains the strategy for health and care, and the ministerial letter makes clear, that there is to be an accelerated emphasis on momentum and change. It offers a clear mandate for the NHS in Wales to use existing mechanisms to move rapidly forward and ensure a 'relentless focus' on improving health outcomes and reducing inequalities, as well as developing appropriate systems and clinical measures that track progress towards 'A Healthier Wales'.

In response to this ministerial priority, WHSSC will:

- Work with Health Boards to focus on equity of provision and equity of outcomes
- Respond to service reviews that identify variance in this regard (e.g. Getting It Right First Time (GIRFT) Cardiac review – commissioned by WHSSC into cardiac surgery)
- Further strengthen our well established and comprehensive information and outcome measurement within WHSSC

The Ministerial priority that relates to ***NHS finance and managing within resources*** recognises the two exceptional years of extra funding that have been allocated due to COVID-19, alongside the continued need for strong financial control, which will assist Governmental discussions and intentions to support the NHS. WHSSC strives to be prudent in its allocation from the seven HBs in Wales for the commissioning of specialised services for the Welsh population, working in accordance with the WHSSC Standing Financial Instructions (SFIs).

In response to this ministerial priority, WHSSC will:

- Continue to work with provider Health Boards to track finance and performance manage against allocation
- Work to enhance financial control minimised as a result of block payments to providers through the response to COVID-19
- Work to understand the financial investment made for recovery and allocated directly to Health Boards to increase intelligence on a) How the allocation has been targeted towards Specialist Services in tertiary centres, and b) How investment in the primary and secondary parts of the pathway may convert into the need for specialist care

***Mental health and emotional well-being***, is a clear priority within WHSSC, with a strategic emphasis being placed on this area of Specialist provision.

In response to this ministerial priority, WHSSC will:

- Develop a mental health specialist services strategy
- Work with providers to increase quality of provision whilst supporting a shift from traditional and institutional based services
- Support different models of support and intervention (e.g. development of a psychological intervention model rather than a totally psychologist delivered model)
- Place particular emphasis on those areas of high risk/service sustainability (e.g. Eating Disorders, Child and Adolescent Mental Health services (CAMHs), Forensic services)
- Continue to support our staff through enabling access to a broad range of health and well-being support

WHSSC has a dual interest in the ministerial priority of ***supporting the health and care workforce****;* the first is to support its own workforce, and the second to support the workforce of staff delivering specialist services for the population of Wales, from a variety of providers across the UK.

To meet this ministerial priority, WHSSC will:

- Include robust workforce planning assumptions in its service planning based on assessment and projections of demand
- Work to support fragile services through identifying new investment and prioritising accordingly
- Engaging the workforce and wider stakeholders in service change and improvement
- Encouraging innovation in the development and delivery of services
- Enhancing its population health perspective

In addition to these ministerial priorities, this plan also gives due regard to the following Welsh Government areas of priority:

**Welsh Language –** WHSSC is committed to treating the English and Welsh languages on the basis of equality and will endeavour to ensure the services we commission meet the requirements of the legislative framework for Welsh Language[1]. Provider organisations in Wales are subject to the same legal framework, however the provisions of the Welsh language standards do not apply to services provided in private facilities or in hospitals outside of Wales. In recognition of its importance to the patient experience we will ensure that wherever possible patients have access to their preferred language. In order to facilitate this WHSSC is committed to working closely with providers so that in the absence of a welsh speaker in the service, patients and their families will have access to either a translator or 'Language-line'. We will also encourage, in those services where links to local teams are maintained during the period of care, that this will provide, when possible, access to the welsh language.

WHSSC attend the CTMUHB Welsh Language Committee to lead and drive the implementation and delivery of legislative Welsh Language compliance across the Health Board and its hosted organisations. The Committee is a sub-committee of the People and Culture Committee. The purpose of the Committee is to support the Board to deliver on its responsibilities, in accordance with the Welsh Language Standards, to improve service user experience, through the provision of bilingual care and support

To deliver the work, WHSSC will:

- Ensure equal regard is given to both Welsh and English Language through all of its communication with Welsh residents regarding the provision of specialist services
- Comply with the requirements of the Welsh Language Act

[1] Welsh Language Act (1993), the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards (No.7) Regulations.

**Equality and Diversity –** Equality is central to the work of WHSSC and our vision for improving and developing specialised services for NHS Wales. We welcome Welsh Government's distinct approach to promoting and safeguarding equality, social justice and human rights in Wales. WHSSC are committed to complying with the provisions of the Equality Act 2020, and the public sector general duty and the specific duties to promote and safeguard equality, social justice and human rights in Wales. We are committed to ensuring and considering how we can positively contribute to a fairer society through advancing equality and good relations in our day-to-day activities.

To deliver the work, WHSSC will:

- Ensure that through the commissioning of its services that due regard is given to all aspects of equality and diversity, ensuring provision for all regardless of the identification of any protected characteristics

**Well-Being of Future Generations Act**

WHSSC is committed to contributing towards the achievement of the objectives of the Well-being of Future Generations (Wales) Act aims to improve the social, economic, environmental and cultural well-being of Wales. The WBFG gives us the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations, to think more about the long-term, to work better with people, communities and organisations, seek to prevent problems and take a more joined-up approach. This Act puts in place seven well-being goals, and we need to maximise our contribution to all seven.

To deliver the work, WHSSC will:

- Commission services that take account of the seven aims of the Act (e.g. commissioning services with resilience to ensure sustainability)
- Assess contribution of WHSSC developments to the Act through its existing reporting and governance structures (evidence of contribution cited on report templates)

**Health and Social Care (Quality and Engagement) (Wales) Act 2020 -** WHSSC are committed to ensuring that we think about the quality of health services when making commissioning decisions, and are committed to demonstrating compliance with the duty of quality and duty of candour.

To deliver the work, WHSSC will:

- Hold a Quality and Patient Safety Development Day with quality leads and Chairs from Health Boards to fully understand and agree the WHSSC approach to commissioned services
- Continue to contribute to the All Wales work programme on quality and engagement
- Continue to contribute to the work led by the Delivery Unit on incident reporting, learning and continuous improvement

**Duty of consultation –** WHSSC works on behalf of the seven HBs and within the guidance on changes to NHS services in Wales to effectively engage and consult on the services it commissions as required. For any necessary service change that WHSSC leads, it will work through the all Wales engagement leads group in order to utilise existing and established mechanisms at HB level.

To deliver the work, WHSSC will:

- Work closely with the Community Health Councils across Wales in order to share developments and seek advice on compliance with the guidance on changes to NHS services in Wales
- Work specifically on the following service changes within the duration of this plan:
    - Introduction of a Thrombectomy service in Wales
    - Potential new provider of services for SABR
    - Developments from Specialist Mental Health strategy
    - Developments from Specialist Paediatric Strategy
    - Engagement and consultation on configuration of Cochlear services
    - Developments in molecular radiotherapy
    - On-going discussions regarding PET
- Work collaboratively with Health Boards in order to work collaboratively across Health Board boundaries, to manage effective change nationally, regionally and specific to providers of tertiary services

**Socio-economic duty –** Through the commissioning of services, WHSSC will ensure consideration of those with socio-economic disadvantage in order to strive to ensure equal outcomes with the wider Welsh population.

To deliver the work, WHSSC will:

- Include assessment against the components of this duty for WHSSC commissioned services, building into the well- established policy and commissioning processes within WHSSC

**Decarbonisation –** Within the context of the "Decarbonisation Strategic Delivery Plan for NHS Wales" published in March 2021, WHSSC is committed to reducing the carbon footprint through mindful commissioning of services that take account the decarbonisation agenda, enabling enhanced digital and virtual access for patients, and through ethical consideration of staff actions and behaviours e.g. reduced travel, increased use of virtual engagement and, where feasible, use of electric vehicles. From 2022, all WHSSC policies will have a focus on innovative ways of working including digital and remote clinics to support reducing the carbon footprint.

To deliver the work, WHSSC will

- Assess savings on carbon footprint as a result of reduced office working
- Assess impact of reduced travel costs
- Assess reduced carbon footprint as a result of increase in remote meetings
- Issue direction through the inclusion of a policy statement in all of our policies on decarbonisation
- Encourage use of electric cars

**Health and Social Care in Wales COVID-19: Looking Forward**
WHSSC is committed to supporting achievement of the ambitious objectives outlined in Welsh Government's "Health and Social Care in Wales COVID-19: Looking Forward" guidance, and adopt a realistic approach to supporting building back our health and care system in Wales, in a way that places fairness and equity at its heart.

To deliver the work, WHSSC will:

- Use the principles developed by Joint Committee to deliver equity in its approach to reset and recovery
- Where possible seek alternative pathways for patients
- Work with English and Welsh providers to continually assess demand, capacity and risk assessment.

**Value based healthcare** - WHSSC remains committed to ensuring that specialist services provision in Wales is provided to the highest standard for the most prudent use of resources, and evaluated through the lens of both clinicians and patients, with an aspiration to increase use of measures (proms) and patients experience measures (prems). In particular the appointment of a medicines optimisation pharmacist and the use of Blueteq, and embedding this across our systems will throughout the period of this plan realise a series of outcomes that will support our move towards value based commissioning.

To deliver the work, WHSSC will:

- Include within WHSSC policies and contractual frameworks the need for commissioned services to collect PROMs and PREMs and report these through existing contract monitoring mechanisms
- Advertise a post to develop the WHSSC outcomes framework and associated processes
- Work with providers to embed this approach for specialist services provision

**Specialised Services supporting the Foundational Economy -** Through working in partnership with providers and Welsh Government, over the last decade WHSSC has supported significant investment into moving care closer to home and creating services based in Wales, it is estimated that the £45m revenue investment outlined below has created over 750 high quality and stable employment jobs within NHS Wales, whilst also moving services out of the main specialist centres into more local settings in West and North Wales.

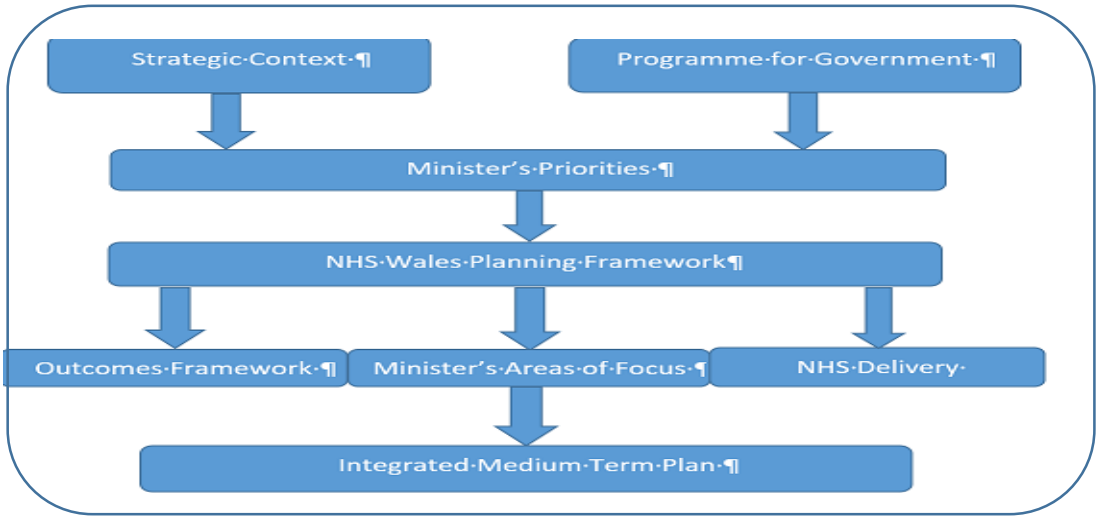
WHSSC's ambition is to continue developing services closer to home by creating new services within Wales and repatriating activity from the private sector providers and NHS England where it is appropriate to do so.

To deliver the work, WHSSC will:

- Review contracts with a view to delivering within Wales where it is safe and effective to do this
- Through appropriate engagement and consultation develop implementation plans to deliver services as close to home as possible
- Work in partnership with providers external to Wales to deliver more services within Wales where it is not appropriate or possible to deliver wholly in Wales

**Welsh Government Planning Framework Requirements**

The Welsh Government NHS Planning Framework for 2022-2025 was issued during November 2021, and sets a clear framework for the development of this ICP:




This ICP also includes the priorities for specialist services outlined in the Welsh Government correspondence received in October 2021 related to planned and unscheduled care sustainability for 2022-2023, the priority areas are outlined below:

- Implementation of the recommendations of the National Endoscopy Programme
- Regional Cataract services
- Regional plans for aspects of Orthopaedic services
- Strengthened diagnostic and imaging services
- Implementation of the Critical Care Plan
- Stroke Pathway
- Cancer Pathway

The WHSS team will continue to work closely with HBs, and other NHS organisations (e.g. Health Education Improvement Wales (HEIW), the NHS Collaborative, Welsh Ambulance Services Trust (WAST), National Clinical Commissioning Unit (NCCU) to support the specialised services element of these pathways, and inform and influence considerations earlier in the pathway by representation on these National programme Boards and working groups as appropriate.

## 4.2 Context within which the ICP 2022-2025 has been developed

The 2021-2022 ICP was developed during pandemic conditions, and as such, focussed on restoring access to the specialised services that had reduced during the early phases of the pandemic; and ensuring that strategically important fragile services remained viable. It also aimed to work closely with providers in both NHS England and NHS Wales to ensure full recovery of specialist services where possible.

Whilst COVID-19 remains a sustained pressure upon the population, and within and across our Health and care services, the system is learning to work differently as a result. It has enabled a number of new and innovative ways of working and has made us plan differently in order to ensure the high quality provision of services whilst taking account reduced staffing, limited operational capacity and the heightened focus on the management of infection prevention and control measures.

This is an important consideration for the provision of specialist services. It is clear that there have been differences in the ability of specialist providers to recover pre-pandemic levels of activity across England and Wales.

This potentially creates additional inequity for the Welsh population and is an area that the WHSS Team are working closely with providers to address. The areas of concern in this regard are outlined in more detail in the recovery section of this plan, and Appendix B. The position does however also offer opportunity to consider potential alternate treatment pathways, for example, including outsourcing, redistribution of patient lists and the commissioning of additional short term capacity, which are all considerations within the ICP. WHSSC continues to work closely with providers and commissioning Health Boards to recognise the difficulty of returning to pre-pandemic levels of activity, whilst seeking to maintain high quality care for patients requiring treatment.

The WHSST team will continue to work with providers across the UK to ensure the best treatment is available for Welsh residents. It will not however make financial provision for recovery within the ICP this year, in recognition that recovery allocations and associated performance are being managed directly with providers by Welsh Government. There is also a confirmed position that recovery by English providers of services to Welsh residents will be supported from within Welsh Government, through contribution to the English Recovery Fund (ERF).

### 4.3 Collaborative working across Wales and with NHS England

Throughout the implementation of this plan, and within the context of the National Clinical Framework, WHSSC will continue to work with HBs to plan and commission services for the Welsh population, contributing to National programmes and regional solutions presenting across the NHS in Wales. In formulating this plan, the WHSS Team has worked closely with other national organisations i.e. HEIW, NHS Collaborative and Welsh Ambulance Service, to ensure alignment between priorities, and plans to ensure it plays an active role not only in the commissioning of specialist services, but also in the entirety of the pathway which could contribute to individuals requiring specialist service provision.

Of specific note are those considerations around workforce as a key enabler to the implementation of Integrated Medium Term Plans.

From a specialist services perspective, staff numbers in teams already tend to be relatively small and any impact has a significant effect. WHSSC colleagues have been working to comment on and inform the HEIW commissioning process to ensure no detrimental effect on specialist services. Some key areas of focus in the period of this plan are:

- ***Finding alternate roles to provide traditional services*** – e.g. a shift from appointing psychologists, to enabling psychological intervention across a variety of roles
- ***Responding to gaps in professional roles***, e.g. Psychiatry provision for people with a learning disability
- ***Working to secure alternative/networked arrangements*** where there are limits to the amount of specialist staff coming through the training i.e. Networked arrangements with NHS England for Inherited Metabolic Disorder

### 4.4 Policy Development

The development of policies enable WHSSC to achieve its strategic objectives, and deliver high standards of care. There are three kinds of policies: (i) commissioning policies, (ii) policy position statements and (iii) service specifications.

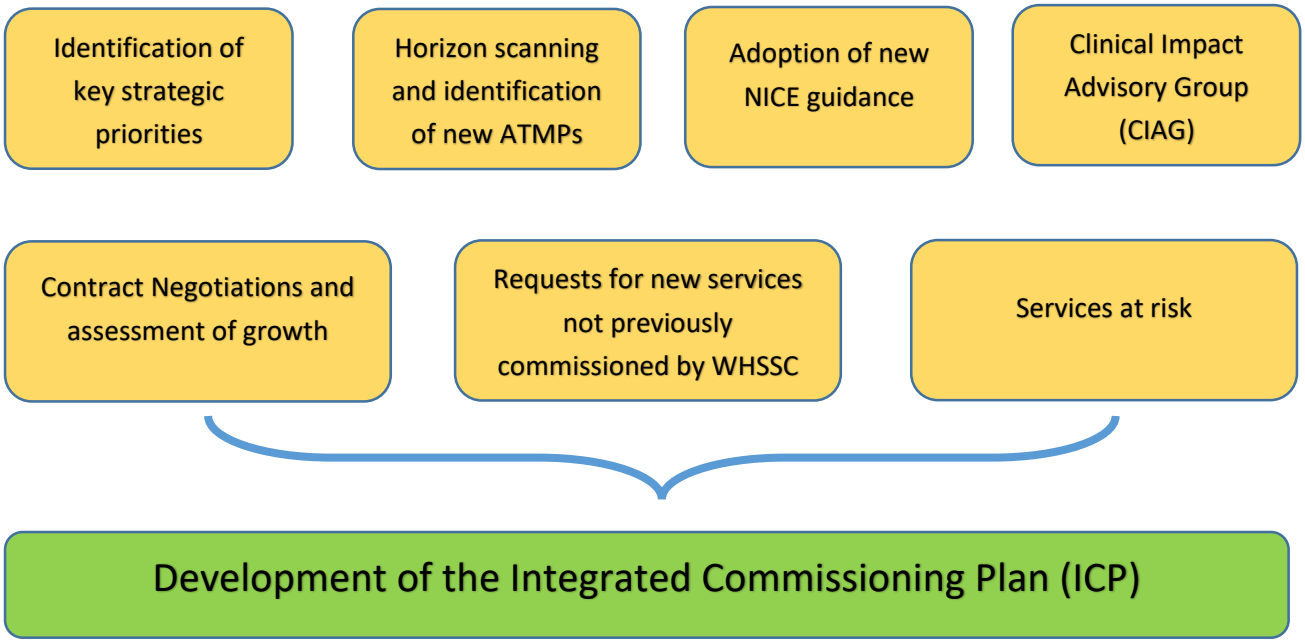
Governance of policy development is overseen by the WHSSC Policy Group who meet bi-monthly. The Group agrees the priorities for WHSSC policy development and ensures all policies are developed according to the published WHSSC methodology and within agreed timelines. The Group also ensures that all policies are based on the best available evidence of clinical and cost effectiveness, where available.

As of November 2021 WHSSC has 106 extant policies published on its website[2] with a further 47 in development or planned. WHSSC continues to publish a high number of new or revised policies each year.

## 5.0 DEVELOPING THE ICP 2022-2025

Each year, the ICP is formulated through a number of processes that are enabled through the well-established WHSSC annual planning cycle, as outlined below. The process and outcomes of each of these activities is outlined below, and collectively comprise the components of the ICP 2022-2025. These are processes that will run through the consecutive years of the ICP also. Each of the processes have strong clinical and HB representation. A plan on a page of all WHSSC proposed developments for 2022-2023 is presented at Appendix C.

[2] http://www.whssc.wales.nhs.uk/about-whssc-polices




The ICP ***does not*** include provision or detail on those services that are not currently WHSSC designated services, and which HBs are working together to identify and implement with regard collective commissioning activities.

## 5.1 WHSSC Strategic Priorities 2022-2025

A number of areas have been identified as Strategic priorities in this year's plan. A summary and the rationale leading to the identification of these can be found in the sections below:

### *5.1.1 A Specialist Services Strategy for Wales*

Whilst the development of the ICP takes place in accordance with the NHS Wales planning cycle, through discussions with Joint Committee, WHSSC has committed to developing an overarching Strategy for Specialised Services in Wales. This was originally an intention in the 2021-2022 plan however this was delayed due to the refocussed activities of WHSSC business and personnel during the COVID-19 pandemic. It will therefore be developed within the context of the National Clinical Framework for consideration by the Joint Committee within the first year of this plan.

### *5.1.2 Mental Health Strategy*

WHSSC is responsible for commissioning specialised Mental Health services on behalf of the seven HBs for Wales. Services are delivered by HBs across various NHS sites in Wales, and by a range of NHS providers in England. The independent sector is also used extensively for Mental Health provision across both England and Wales.

A number of drivers have led to the Mental Health Strategy being identified as a strategic priority, including:

External

- A number of Committee Inquiries and external reviews
- Changes to the commissioning landscape in NHS England
- Transforming Care Strategy for Learning Disabilities (NHS England), which signalled a 20% reduction in medium secure beds and a 50% reduction in low secure beds
- New Models of Care, mental health pilot schemes in NHS England
- The establishment of mental health provider collaboratives in NHS England

Internal

- Workforce recruitment issues particularly affecting CAMHS services
- The Welsh Framework Agreements for accessing non NHS Wales beds
- Recent reviews of inpatient CAMHs services identifying the lack of Psychiatric Intensive Care/Assessment beds, resulting in unnecessary out of area placements
- A complex commissioning model for Forensic Adolescent Consultation Treatment Service (FACTS)
- A lack of national services for women and patients within Learning Disability in Wales
- The development of a new Mother and Baby Unit for South Wales, and considerations in respect of the North Wales population

Work commenced within the previous ICP period to initiate the programme of activity and establish the programme structure for the development and implementation of the strategy that has the following service areas within scope:

- High secure (adult)
- Medium secure (adult)
- Forensic Learning Disability services
- Reference to HB commissioned low secure services
- Specialist CAMHS including the Forensic Adolescent Consultation Treatment Service (FACTS)
- Specialist Eating Disorder Services
- Specialist Perinatal provision
- Specialist Mental Health provision for Women

The aspiration of the strategy is to:

- Provide more care closer to home wherever safe and practicable to do so; primarily in the Welsh NHS but where necessary, and appropriate, with third sector or private sector partners.
- Develop commissioning models that add value and strengthen the whole pathway approach to service delivery supporting the transforming health care agenda within Wales.
- Address the challenge of improving outcomes and transitions between different parts of pathway and commissioning organisational boundaries
- Prioritise investment in areas with demand and capacity constraints and areas with extended waiting times and/or gaps in service.

### *5.1.3 All Wales Specialist Paediatrics Services Strategy*

Tertiary paediatric services are commissioned by WHSSC from a number of providers across the UK. WHSSC commissioned Paediatric services range from, highly specialised bone marrow transplants, and high cost drugs for rare diseases, that are funded on an Individual Patient basis, through to emergency services including Paediatric Intensive Care and Paediatric Surgery and specialities providing ongoing care for long-term conditions, such as Paediatric Rheumatology and Paediatric Endocrinology. The main WHSSC contracts for Paediatric services in Wales and England are over £89 million.

Commitment was given to developing a strategy within the 2021-2022 ICP as a number of risks have been identified over recent years with small services proving to be fragile by nature. Reactive investment has been provided in recent years however to ensure sustainability of this investment and the ongoing sustainability of services a strategic approach has been agreed as a mitigation. Programme 'set up' work has taken place within the last quarter of the year, with the strategy and associated delivery plan scheduled to conclude within the first year of this ICP, and associated implementation over the full three years and beyond.

The scope of the strategy will include:

- Establishing a baseline of services across all Wales for Paediatric Services
- An assessment of the current status of all Specialised Paediatric Services
- An assessment of services not currently commissioned
- An assessment of health needs for all Wales – Health needs assessment including predicted demand for specialised Paediatric services over the next 10 years for the Paediatric population for Wales
- Assessment of current and future workforce requirements

### *5.1.4 Major Trauma*

The South and mid Wales Major Trauma Network went live in September 2020. WHSSC has the responsibility for commissioning the Operational Delivery Network (ODN), Major Trauma Centre (MTC) and the specialised service elements of major trauma treatment provided by Swansea Bay University Health Board (SBUHB). A Delivery Assurance Group (DAG) has been established, reporting to the WHSSC Joint Committee to provide commissioner assurance including performance monitoring and to provide recommendations to the Joint Committee on future commissioning developments for the Network.

In the first 12 months of operation activity across the Major Trauma Network has exceeded the planning figures within the Programme Business Case. Growth in activity has been assessed and is addressed within the finance section of this plan. Further developments of the Major Trauma Network will be assessed following the Peer Review process that is planned for March 2022, with any identified priorities being included within the 2022-2023 specialist services prioritisation process.

### *5.1.5 Intestinal Failure Review*

Intestinal Failure services have not been reviewed for many years, there are clearly different pathways in place for Welsh residents, and a number of improvements and efficiencies identified within the service that require address. Commitment was therefore given for a review of Intestinal Failure services. This is in order to better understand intestinal failure pathways and access across Wales with an aspiration to develop a policy and a service specification. The review will also include the potential to develop an NHS solution to the private provision that is currently secured for the provision of Home Parenteral Nutrition (HPN) for patients with intestinal failure.

### *5.1.6 Neonatal Cot Review*

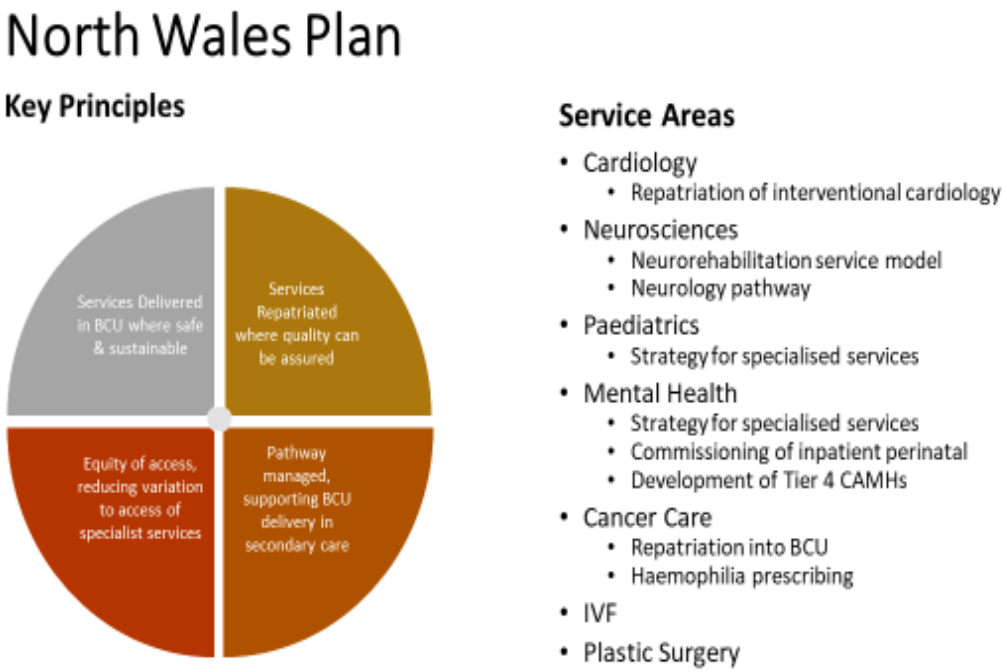
As a result of the Dr Grenville Fox review of the Neonatal transport service, a series of recommendations were made which included a review of neonatal cot configuration across South and West Wales. This was due to the high volume of capacity transfers undertaken by the South Wales Transport service. The Joint Committee supported the recommendations in March 2020 and agreed that improved configuration would reduce the need for capacity transfers. Providers have also submitted proposals over recent years for increased investment, citing that the existing tariff is insufficient to support the units to National Standards. Demand and capacity modelling has been undertaken during 2021-2022, with recommendations on a proposed configuration and tariff for Wales to be made to Joint Committee in the first year of this plan.

### *5.1.7 Mesothelioma*

There is growing evidence regarding the adverse impact of the pandemic on cancer pathways. This has been identified as a particular issues in services where there is already a high degree of variability in equity of access and the Cancer Quality Statement (2021) specifically identifies the need for more specialist cancer services that are fragile or cannot meet vital standards to reconfigure into more resilient regional, super-regional or national services. This may have implications for the requirement of a national Mesothelioma MDT.

### *5.1.8 Commissioning Specialised Services for North Wales Residents*

Developing Tertiary Services in North Wales is an important and key strategic priority within WHSSC. Throughout 2021-2022, WHSSC has strengthened the North Wales liaison team in order to address a number of Specialist Services developments including a desire from Betsi Cadwaladr University Health Board (BCUHB) to repatriate a number of services from England into Wales. Service areas that will be the initial focus of consideration are:




A detailed work programme has been developed jointly with BCUHB to progress this agenda which is reported through existing WHSSC mechanisms.

### *5.1.9 Ensuring Equity for Powys Residents*

The population in Powys is older compared to the rest of Wales and the working age adult population is smaller compared to Wales. It is predicted that there will be an 8% decline in population by 2039, and the number of young people and those under 65 will decrease while older adults will increase.

Powys has some unique challenges in terms of demography and geography and the interrelationship between these factors. It is an entirely rural county with no major urban conurbations and no acute general hospitals. People in Powys have to travel outside the county for many services, including healthcare, higher education, employment and leisure.

Pathways to and from specialised services are extremely complex in Powys. As Powys Teaching Health Board (PTHB) has no District General Hospital (DGH), the majority of secondary care consultants referring Powys patients into specialised services are from hospitals within England. The main patient flows are into the North and West Midlands via hospitals in Shrewsbury, Telford and Hereford. Patients in South Powys and North West Powys are generally referred to services in Cardiff and Swansea via hospitals in Abergavenny, Swansea and Aberystwyth. There are also small flows into North Wales. Powys residents also use specialised services further afield in Bristol and London. It is proposed that a workshop to better understand these flows and the challenges and opportunities that they present is jointly led with Powys Teaching during Q2 of the first year of this plan.

### *5.1.10 All Wales Positron Emission Tomography (PET) Programme*

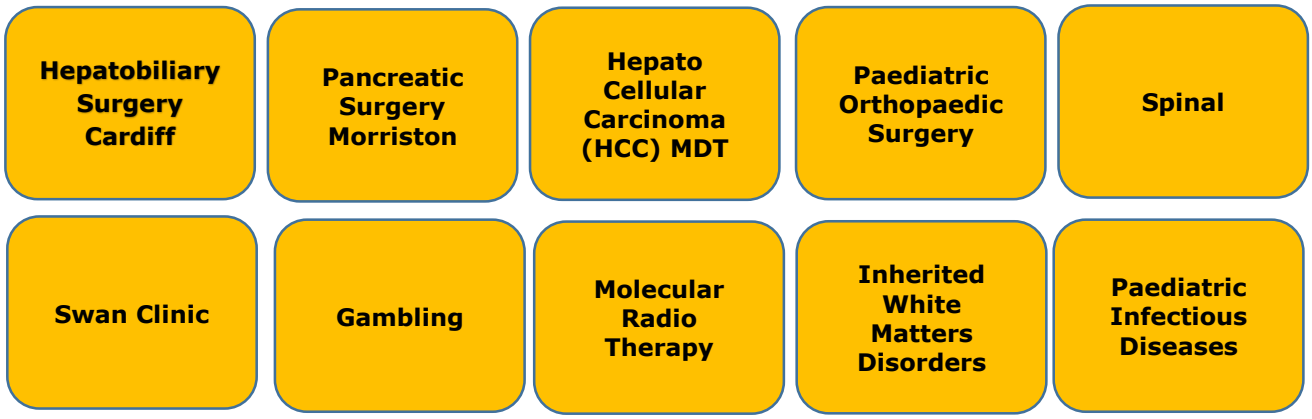
Positron Emission Tomography (PET) has become a central diagnostic tool in the management of cancer, and increasingly in many non-cancer conditions. There is an increasing body of high-quality evidence outlining the contribution of PET to improved patient outcomes. Demand for PET-CT is growing, however the Welsh PET service provision does not compare favourably in comparison to other devolved nations and beyond.

A Programme Board was established, and a Programme Business Case developed. Following Welsh Government scrutiny and receipt of support from all HBs, ministerial endorsement of the £25 million All Wales PET Programme was confirmed on 25 August 2021. Further mandate was given to WHSSC to take on Programme implementation during October 2021. The programme includes the replacement of the fixed site scanner at the University Hospital of Wales, replacement of mobile scanners in SBUHB and BCUHB with fixed site scanners and the establishment of the 4th fixed site scanner at a location yet to be determined.

WHSSC has submitted an additional Business Justification Case to Welsh Government for financial support for a small PET Programme Management Office, which will aid robust programme planning arrangements for the programme and increasing the likelihood of programme success in enabling significant benefits to patient services and treatment outcomes.

## 5.2 Potential New WHSSC Services 2022-2023

During recent months, WHSSC has been approached to consider taking on responsibilities for a number of new service areas. A summary of these are outlined below *(please note that timescales and key actions for these are included in the commissioning team's priority section)*:




### *5.2.1 Hepatobiliary Surgery (South Wales)*

Currently the commissioning arrangements for Hepato-Pancreato-Biliary (HPB) surgery in South Wales are split between HBs and WHSSC. WHSSC commissions liver cancer surgery service at the University Hospital of Wales (UHW), Cardiff.

All other services, including other Hepatobiliary surgery or staging procedures, and Pancreatic surgery are funded by HBs.

Over the last year, the Collaborative Executive Group (CEG) commissioned the Wales Cancer Network to develop a model service specification to inform the future commissioning of these services. The model service specification is clear that there needs to be much closer integration between the two services. As a result, it was felt that a single commissioner would be more effective and following a request by CEG, the Joint Committee has agreed that WHSSC will become the commissioner for the whole of Hepato-Pancreato-Biliary surgery, with HBs formally agreeing this at their Board meetings during September/October 2021.

### *5.2.2 Pancreatic Surgery Morriston*

As outlined in the previous section, Pancreatic Surgery is delivered at Morriston Hospital Swansea. There is a need to consider the optimum configuration of this service alongside others within the first year of this plan.

### *5.2.3 Hepato Cellular Carcinoma (HCC) MDT*

During a recent review of Hepatobiliary services, the fragility of the Hepato Cellular Carcinoma (HCC) MDT at Cardiff and Vale University Health Board (CVUHB) was identified. As there is an established interdependency with Hepatobiliary surgery, it has been suggested that this service would also benefit from being commissioned through WHSSC for the Welsh population.

### *5.2.4 Specialised Paediatric Orthopaedic Surgery*

At the May meeting of the NHS Wales Health Collaborative Executive Group (CEG), members received a paper, from the Regional and Specialised Services Provider Planning Partnership (RSSPPP), on the current sustainability issues within Paediatric Orthopaedic Surgery services in South and West Wales. Following discussion, it was agreed that service specifications were needed in order to inform the commissioning of these services.

As these services provide a mixture of specialised and non-specialised procedures, it is necessary to develop service specifications that span the entire range of procedures. Therefore, the CEG agreed to commission two complementary service specifications:

- Non specialised – commissioned by HBs
- Specialised – currently commissioned by HBs, but included in the WHSSC signal of commissioning intent for the ICP 2022-2023

### *5.2.5 Spinal Surgery*

Spinal surgery is a high-risk specialty, provided by Orthopaedic surgeons and Neurosurgeons. To ensure that patients have the best possible experiences and outcomes, services need to be appropriately resourced, allowing seamless access to non-surgical management but with effective care pathways to facilitate

admission to the appropriate surgical centre, within an appropriate timeframe when necessary.

A Spinal Surgery Project was launched in October 2020, with the aim of developing recommendations for a safe, effective sustainable multi-disciplinary model for spinal surgery in South and West Wales.

The final report was presented to the Collaborative Executive Group (CEG) on 06 April 2021, and included a range of recommendations, including; HBs needing to formalise their commissioning arrangements for spinal surgery; the establishment of an Operational Delivery Network (ODN) and that immediate action should be taken to formalise a shadow network within existing resources. It was agreed that a Business Case should be developed across affected HBs, and that WHSSC would commission the ODN.

### *5.2.6 Syndrome without a name (SWAN) Clinic*

Rare diseases are a significant health problem, often associated with poor outcomes. A rare disease is one that affects 1:2000 or fewer patients with ultra-rare conditions being those that affect 1:50000 or fewer (NICE). There may be over 8000 diseases that qualify for the definition of a rare disease. This leads to the estimate that 150,000 people in Wales are affected by a rare disease (5% of the Welsh Population). 80% of these conditions are estimated to have a genetic component, and children are disproportionally represented and impacted upon with 50% of rare diseases affecting them. 30% of those affected will sadly die before the age of five years.

The Rare Diseases Implementation Group was established in 2015 to oversee the delivery of the Welsh Rare Diseases Implementation Plan. The Group identified three key actions:

1. Identify and improve the pathway for patients with unknown or delayed diagnosis - "The Diagnostic Odyssey"
2. Ensure better use of patient feedback, best practice and evidence to improve pathways for primary, secondary and specialist services.
3. Improve reporting of rare disease information including epidemiology, significant event analysis and shared learning.

Challenges remain around improvements in delayed diagnosis and improved pathways of care which the establishment of a Syndrome without a name (SWAN) Clinic will aim to address. Due to a lack of evidence in the form of outcome data for the impact of such a service, Welsh Government have provided funding for a 2 year pilot. This, with agreed evaluation criteria, would inform a longer term commissioning proposal to be considered via the WHSSC Integrated Commissioning Planning processes.

### *5.2.7 Specialist Gambling Addiction Service*

WHSSC has been asked to work with Welsh Government and Public Health Wales to scope the development of a specialist Gambling Addiction Service in Wales.

The Welsh problem gambling survey 2016 for the Gambling Commission reported the proportion of the Welsh population vulnerable to gambling-related harm is 3·8%, with the greatest risk evident among people aged 16–24 years. Furthermore, Public Health Wales (PHW) has estimated that the most deprived communities of Wales are increasingly vulnerable to gambling-related harms. WHSSC are working with Welsh Government to review the available evidence and agree next steps.

### *5.2.8 Molecular Radiotherapy*

Molecular Radiotherapy Treatment (MRT) involves the administration of a radioactive drug that targets cancer cells with radiation. MRT is currently a treatment option for several tumour sites including Thyroid, Non-Hodgkins Lymphoma, Bone Metastases and Neuroendocrine tumours. NICE is currently undertaking a technology appraisal of MRT in the treatment of prostate cancer. If a positive recommendation is made, this is likely to require a step change in MRT capacity (staff and infrastructure) to deliver the service. It is proposed that WHSSC leads an all Wales strategic programme for the future development of MRT to meet the needs of the population of Wales. A scoping document is being developed by the clinical oncology sub-committee on behalf of Welsh Government to inform future commissioning arrangements.

### *5.2.9 Inherited White Matters Disorder*

NHS England have confirmed their intention to commission a specialised diagnostic and management service for inherited white matter disorders, for both children and adults. Based on the available evidence, and the emerging four nation's position on this, it is proposed that Wales also formalises its commissioning intent for this patient cohort. It is anticipated that numbers of patients will be low, and as such suggested management for funding will be via the Individual Patient Funding Request process.

### *5.2.10 Paediatric Infectious Diseases*

Currently there is no commissioned or funded Tertiary Paediatric Infectious Disease service for South and West Wales. The Joint Committee have agreed that this will be absorbed by WHSSC, however further work is needed to establish a needs assessment and a gap analysis. The transfer of service in to WHSSC will take place throughout 2022-2023 and will inform the ICP 2023-2026. The service will be responsible for the assessment, diagnosis and management of children with complex infectious diseases such as Kawasaki Disease and Hepatitis. The service will provide advice to secondary care centres and provide out-patient care for specialised conditions.

## 5.3 Clinical Impact Assessment Group (CIAG) Prioritisation Process

Discussions regarding the process for the development of the ICP 2022-2023 commenced early last year, with Management Group having received a timeline for development at its meeting on 25 March 2021. Subsequently each Management Group meeting has received a verbal update/presentation on the timeline for completion and submission of the ICP as follows:

| | |
|---|---|
| Reflections Workshop | 12 April 2021 |
| Horizon scanning | 21 July 2021 |
| CIAG prioritisation day | 03 August 2021 |
| Development of plan | August/September 2021 |
| Draft plan to CDGB | November 2021 |
| Draft plan to Management Group | December 2021 |
| Draft plan to Joint Committee | January 2022 |
| Final plan submitted to Welsh Government | February 2022 |

### *5.3.1 Reflections Workshop on the 2021-2022 Process*

A workshop was arranged for Management Group members on 12 April 2021, in order to reflect on previous year's processes and make any improvements that were necessary. There was positive engagement during and following the session, where members expressed general satisfaction with the process, with some small changes being recommended, including strengthening the involvement of primary care colleagues in the prioritisation process, and strengthening the balance between commissioner led and provider informed commissioning priorities. As such commissioning intentions were shared by WHSSC colleagues during June which invited specific schemes to come forward against known priority areas.

### *5.3.2 CIAG Prioritisation Process*

The CIAG prioritisation process took place on 03 August 2021. 50 schemes were submitted for consideration with the breakdown being:

| | |
|---|---|
| Cardiff and Vale University Health Board (CVUHB) | 21 |
| Betsi Cadwaladr University Health Board (BCUHB) | 11 |
| Swansea Bay University Health Board (SBUHB) | 16 |
| Velindre NHS Trust (VNHST) | 1 |
| WHSSC direct | 1 |
| **TOTAL** | **50** |

Included within the submissions this year, were also, schemes from the Major Trauma Network, the Wales Renal Clinical Network (WRCN), and some joint work on-going between HBs for WHSSC non-commissioned services.

An initial sift of the schemes was carried out in order to assess whether CIAG was the most appropriate route for consideration of the scheme, or whether there were other routes available for them to progress, (for example existing contract arrangements, strategic work on-going, repatriation issues, existing underspends in service areas). As a result of this process, 30 schemes were identified as more appropriately being addressed via an alternate route, and 20 schemes were taken forward into the CIAG process:

| |
|---|
| **Proposals from the Cardiac Commissioning Team** |
| • Increasing access for patients with Inherited Cardiac conditions |
| **Proposals from the Cancer and Blood Commissioning Team** |
| • Clinical Immunology |
| • Mesothelioma MDT |
| • Thoracic Surgery |
| • Psychological Support in the Paediatric Plastic Surgery Regional Service |
| **Proposals from the Neurosciences Commissioning Team** |
| • ALAC Psychology support SBUHB and BCUHB |
| • ALAS Development of a Welsh Artificial Eye service |
| • ALAS North Wales Specialist Seating Service |
| • Neuropsychiatry |
| • Neurosurgery Sustainability and Standards |
| • North and Mid Wales Prosthetic Service Sustainability and Resilience |
| • Prolonged Disorders of Consciousness (PDOC)- Phase 2 |
| **Proposals from the Children's Commissioning Team** |
| • Development of a Paediatric Infectious Diseases Service |
| • Neonatal Surgical Nurse Specialist |
| • Paediatric Endocrinology Nursing Support |
| • Paediatric Pathology |
| • Specialised Paediatric Orthopaedic Surgery |
| • Specialist Children's Gastroenterology Outreach |
| • Paediatric Spinal Surgery |
| • Paediatric Health Psychology |

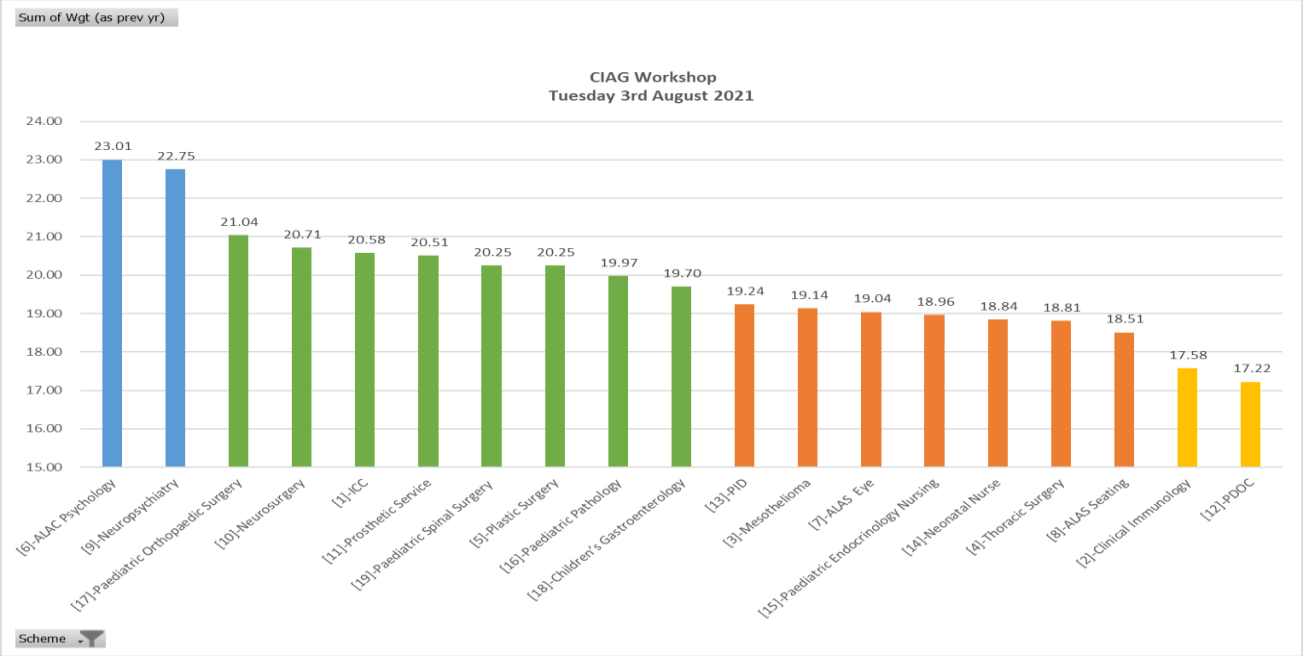
All of these schemes were shared with colleagues who are part of the All Wales Assistant Medical Directors for primary care network, in a workshop that took place on 21 July 2021, attendees shared thoughts and suggestions regarding the entire pathway.

### *5.3.3 Scoring of CIAG schemes – Criteria for Prioritisation*

A simplified scoring protocol for prioritisation was introduced for 2020, utilising the following three criteria:

- Patient benefit (clinical impact)
- Burden of disease – population impact
- Potential for improving/reducing inequalities of access.

The approach was well received, and was therefore maintained for the 2021-2022 process. The session took place as a virtual event with Microsoft forms being utilised to collect the scoring, and offer real time outcomes of the overall event. The outcome from the voting on the day was as follows:

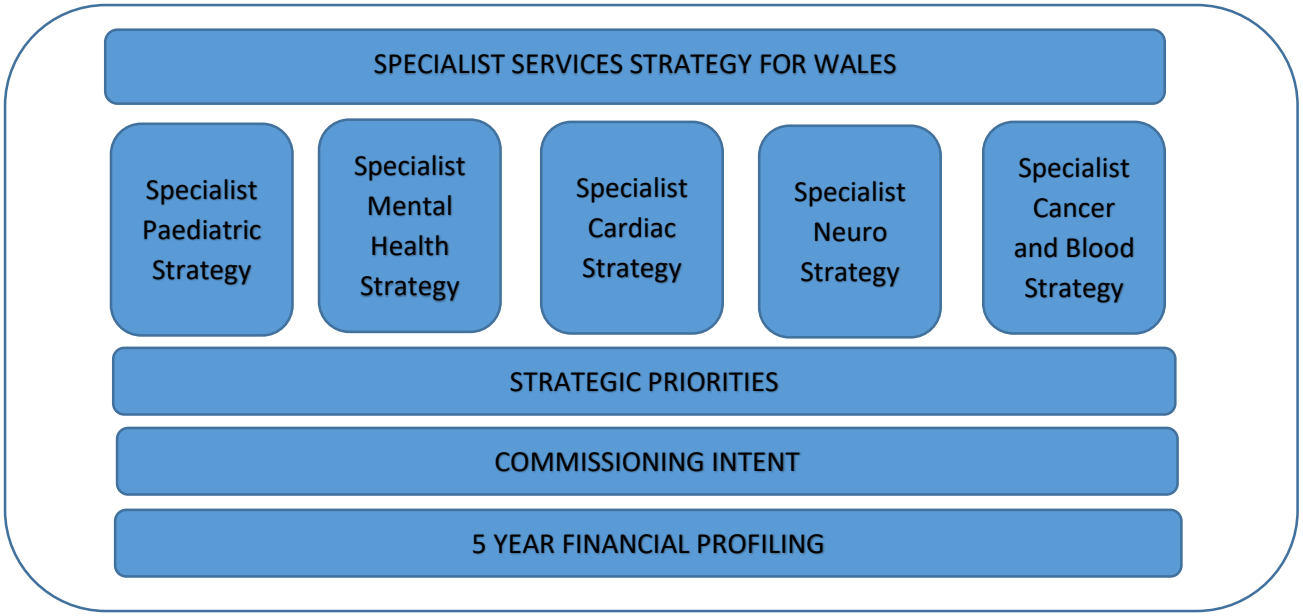



The total investment value of all schemes considered at CIAG was approximately £2.8m. The proposal is that the 10 schemes that scored the highest are funded. This investment profile is at circa £2.1m, with a part year effect being £927k. In comparison with previous years, this years requested investment is relatively low. The schemes are listed overleaf.

| Highest | High | Mid | Low |
|---|---|---|---|
| ALAC Psychology | Paediatric Orthopaedic surgery | PID | Clinical Immunology |
| Neuropsychiatry | Neurosurgery | Mesothelioma | PDOC |
| | Inherited Cardiac Conditions | ALAS Eye | |
| | Prosthetic service | Paediatric Endocrinology Nursing | |
| | Paediatric Spinal Surgery | Neonatal Nurse | |
| | Plastic Surgery | Thoracic Surgery | |
| | Paediatric Pathology | Alas Seating | |
| | Children's Gastroenterology | PID | |

During the last ICP period, WHSSC signalled its intention to strengthen the balance between a commissioner-led and provider informed process. The process to inform this plan therefore included the publishing of commissioning intentions for each commissioning portfolio. The process also seeks to understand where possible what information is collected related to patient experience. WHSSC will

incrementally move towards a Strategy led approach to commissioning, and has commenced two strategic pieces (Paediatrics and Mental Health) within the past few months. Once this approach is embedded, the CIAG process should become less prominent in the ICP development process. The process will work as set out below:




The CIAG process can then be utilised for any unforeseen issues that may have emerged in year and would cause risk if not receiving consideration for investment prior to renewal of the strategies.

### 5.4 Horizon Scanning and Prioritisation

Whereas the CIAG process focuses predominantly on service development, the WHSSC Prioritisation Panel are tasked with assessing new treatments and interventions. To achieve this WHSSC has developed a process that enables it to compare competing proposals for new investment so that these can be prioritised and subsequently implemented.

The Panel consists of 14 voting members who represent a wide range of disciplines including Medical, Quality and Nursing, Public Health, Equalities, Legal and Ethics, Health Economics, Human Tissue Authority and Lay Members. All HBs and Velindre University NHS Trust are represented on the Panel. Members are selected for their expertise and are appointed as individuals and are not appointed to represent the views of any stakeholder organisation. The Panel meeting is chaired by the WHSSC Medical Director.

#### 5.4.1 Horizon Scanning

Horizon scanning identifies new interventions and emerging, innovative health technologies which may be suitable for funding; and prioritisation allows them to be ranked according to a set of pre-determined criteria, including their clinical and cost effectiveness.

A horizon scanning exercise was carried out between January and June 2021 to inform this process. Information on new technologies was obtained from a range of established published resources and a total of seven technologies were identified for consideration by the Panel.

### *5.4.2 Prioritisation*

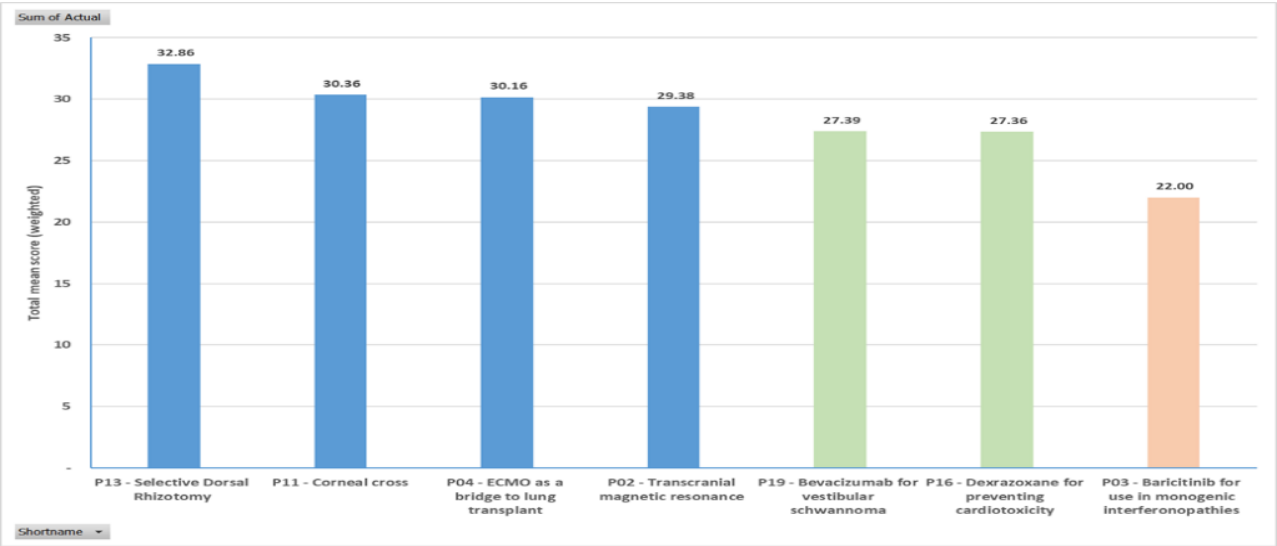
The scoring and ranking of interventions by the WHSSC Prioritisation Panel is carried out based on an agreed methodology and presents a fair and transparent process to ensure that evidence-based healthcare gain and value for money is maximised. Each intervention presented to the Panel was supported by a comprehensive evidence review. Panel members are asked to score each intervention (1 - 10) against each of the five criteria listed below. A high score indicates consistency with each of the criteria.

- Quality and strength of the evidence of clinical effectiveness
- Patient benefit (clinical impact/outcomes)
- Economic assessment
- Burden of disease (population impact)
- Potential for improving/reducing inequalities of access.

Once the Prioritisation Panel has considered all the interventions the results are tabulated and presented back to the Panel at the end of the meeting. Members are then asked to split the final prioritised list into 'high', 'medium', 'low' and 'no routine commissioning' based on their overall score.

### *5.4.3 Results*

The highest possible score for each intervention is 50. All 14 members voted using an online MS Forms system. All of the results were anonymised and are un-attributable to any of the Panel members:




At the close of the meeting the Panel discussed and recommended each intervention a priority status for each intervention for funding in the ICP as either high, medium or low, with the resulting outcome:

| Intervention | Priority for Funding |
|---|---|
| Selective Dorsal Rhizotomy (SDR) for the treatment of spasticity in Cerebral Palsy (children aged 3 – 9 years) | **HIGH** |
| Corneal cross-linking to treat Keratoconus (children) | |
| Extracorporeal Membrane Oxygenation (ECMO) as a bridge to lung transplant (all ages) | |
| Transcranial Magnetic Resonance guided focused ultrasound Thalamotomy for the treatment of medication-refractory essential tremor (adults) | |
| Bevacizumab (Avastin) for the treatment of Vestibular Schwannoma in Neurofibromatosis type 2 (all ages) | **MEDIUM** |
| Dexrazoxane for preventing Cardiotoxicity in children and young people (<25 years) receiving high-dose Anthracyclines or related drugs for the treatment of cancer | |
| Baricitinib for use in monogenic interferonopathies (adults and children 2 years and over) | **LOW**<br>**(not for routine commissioning - IPFR)** |

### 5.5 Advanced Therapeutic Medicinal Products (ATMPs)

WHSSC is working closely with the national Advanced Therapies Programme Board arrangements to commission the new services that are emerging from the strategy. WHSSC's role in this includes ongoing horizon scanning of new therapies; working with providers to deliver as much of these therapies as possible within Wales; developing the appropriate service specifications and policies to commission and then to procure the services from the appropriate providers. This involves working with NHS England designated providers where appropriate for ATMPs for rare diseases.

The number of approved ATMPs is steadily growing and is expected to accelerate as new indications are considered by the NICE process. The pandemic has had some impact on the pace of new ATMPs being considered including backlogs in submission and prioritisation but this is expected to return to normal over the remainder of 2021-2022 and into 2022-2023.

New ATMPs implemented in 2021-2022 include new treatments for spinal muscular atrophy and inherited vision loss. Both these services have been commissioned from a very small number of designated centres in England owing to rarity and low case numbers requiring an appropriate critical mass. Anticipated volumes in total in these new indications are estimated to be between 5-10 over 2021-2022 and 2022-2023.

One of the commissioning challenges is to be able to accurately predict the volumes of cases and type that will be approved in a given year as in practice numbers will be driven by the final company submissions to NICE. Indications for treatment will be influenced by incidence, position in treatment pathway, prevalence of treatable patients and the relative evidence of effect from trial data. A number of NICE technology appraisals of new ATMPs for cancer patients are expected to be published towards the end of 2021-2022 and into 2022-2023. These include in particular new CAR-T treatments for patients with Haematological Cancers. In order to be able to implement any positive recommendations, WHSSC is working with providers and Welsh Government in relation to the commissioning arrangements and service capacity plans to provide access for patients in Wales to these new therapies. The potential expansion in demand for CAR-T treatments could be material and hence WHSSC is working closely with local providers to plan how best to implement. This is likely to need to push beyond current physical capacity requiring a clear strategic approach linked to the constraints and opportunities of major site redevelopment.

## 6.0 SPECIALIST SERVICES RECOVERY PROFILE

WHSSC commissions services from a wide range of providers across England and Wales. Recovery positions have been shared by all providers to varying levels of granularity. A summary of the position is shared here with detailed performance information attached at Appendix B.

### 6.1 Cardiology

#### *6.1.1 Complex Devices*

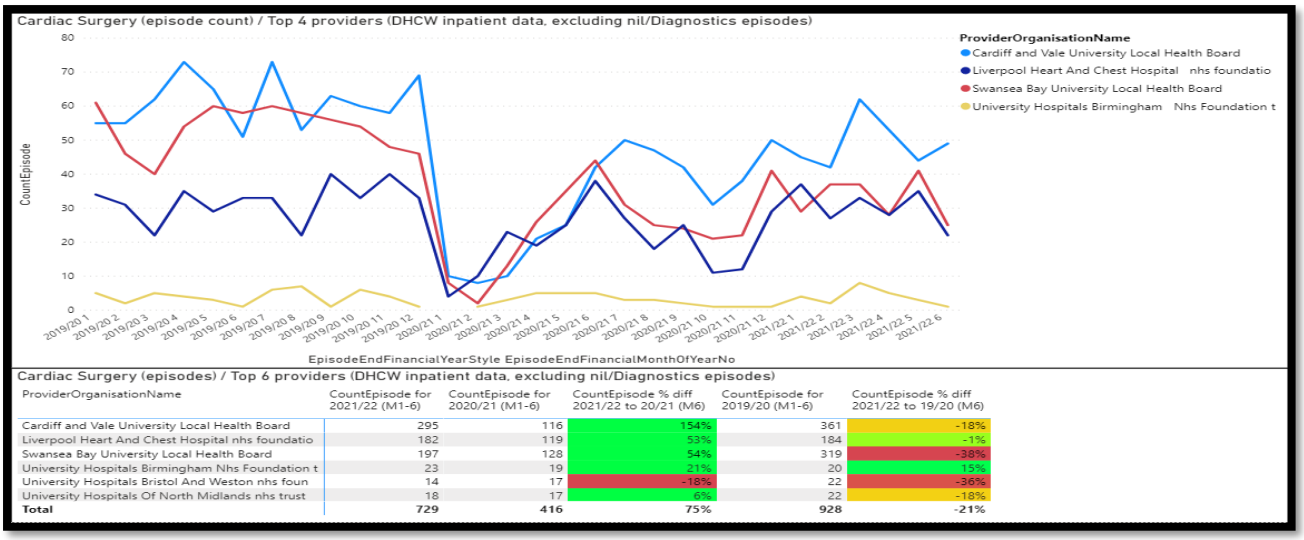
There are no current issues regarding complex devices with either Liverpool Heart and Chest or BCUHB. SBUHB have a number of patients waiting over 36 weeks however a recovery plan is in place with expectations of delivery to LTA levels by the end of Q4. Positions will continue to be monitored via established risk, recovery and assurance meetings.

#### *6.1.2 Primary Percutaneous Coronary Intervention (PCI)*

Not specifically associated with recovery as a result of COVID-19, however there remain significant delays in the South East with regard patients being able to access primary PCI. Discussions remain ongoing with WAST.

#### *6.1.3 Cardiac Surgery*

The table below highlights the variance in Cardiac Surgery inpatient recovery across the main specialist providers, with Liverpool Heart and Chest Hospital showing the highest and quickest recovery. The main three providers show the expected inverse relationship to the COVID-19 waves across the UK, with activity increasing again.

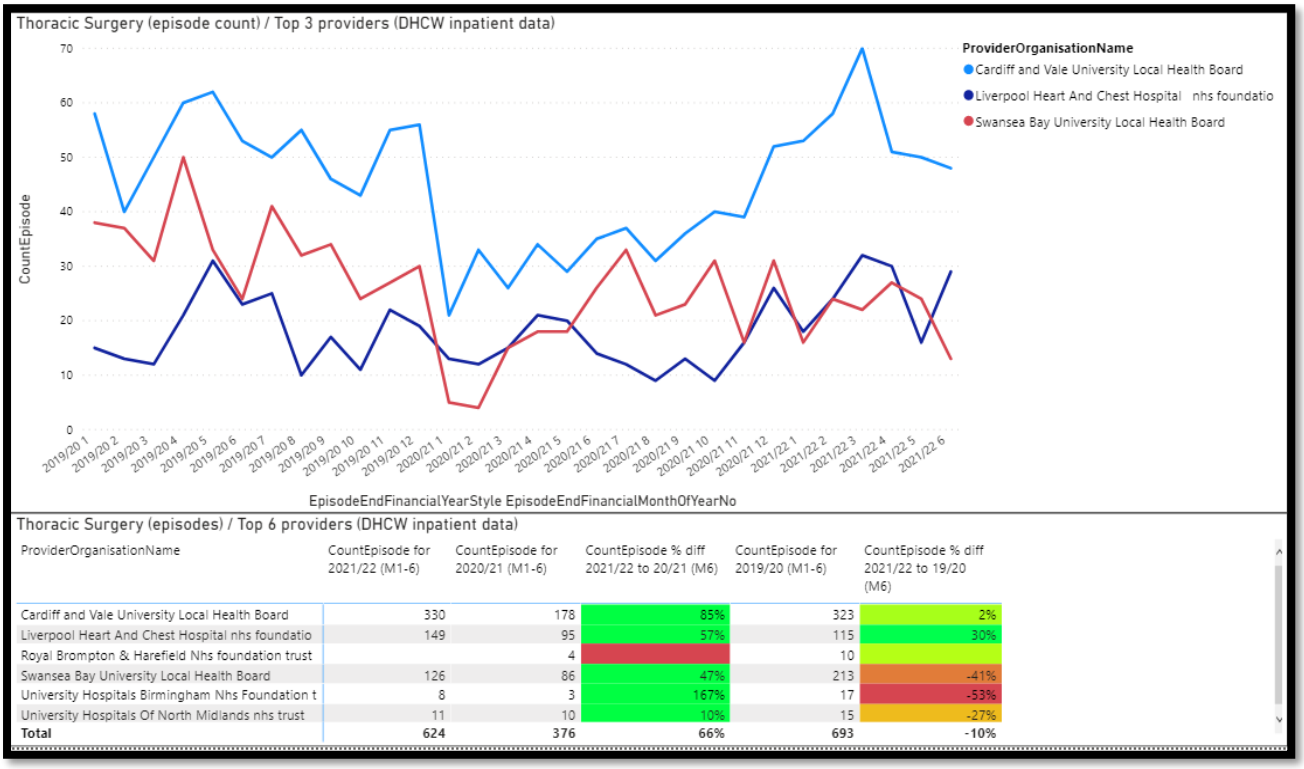



| ProviderOrganisationName | CountEpisode for 2021/22 (M1-6) | CountEpisode for 2020/21 (M1-6) | CountEpisode % diff 2021/22 to 20/21 (M6) | CountEpisode for 2019/20 (M1-6) | CountEpisode % diff 2021/22 to 19/20 (M6) |
|---|---|---|---|---|---|
| Cardiff and Vale University Local Health Board | 295 | 116 | 154% | 361 | -18% |
| Liverpool Heart And Chest Hospital nhs foundatio | 182 | 119 | 53% | 184 | -1% |
| Swansea Bay University Local Health Board | 197 | 128 | 54% | 319 | -38% |
| University Hospitals Birmingham Nhs Foundation t | 23 | 19 | 21% | 20 | 15% |
| University Hospitals Bristol And Weston nhs foun | 14 | 17 | -18% | 22 | -36% |
| University Hospitals Of North Midlands nhs trust | 18 | 17 | 6% | 22 | -18% |
| **Total** | **729** | **416** | **75%** | **928** | **-21%** |

*Data source: DHCW central data warehouse; all inpatient activity excl. non-procedure/diagnostic episodes*

There was a concerning drop in the volume of Cardiac inpatient activity reported during the COVID-19 period, which is recovering but stood at 48% less activity overall in 2020-2021 compared to 2019-2020. Using activity to date this year 2021-2022 (Month 6), activity is already 75% more than last year, but is 21% lower than to the same month in 2019-2020. Historically, Cardiac surgery is seen as an urgent elective specialty with high levels of emergency and inter hospital referrals and lower levels of elective referrals. The decrease is therefore of concern and indicative of a significant risk of harm during the highest COVID-19 periods. The risk of COVID-19 infection in cardiac patients was a real risk identified at the outset of the period and outcomes for positive patients were poor. However, given the seriousness of the impact of non-intervention it is essential that activity levels and the associated referral pathways are reinstated as soon as possible. There has been some proactive switching into TAVI for selected sub groups of patients but numbers are not material.

## 6.2 Thoracic Surgery
## Activity and Access Rate Summary




| ProviderOrganisationName | CountEpisode for 2021/22 (M1-6) | CountEpisode for 2020/21 (M1-6) | CountEpisode % diff 2021/22 to 20/21 (M6) | CountEpisode for 2019/20 (M1-6) | CountEpisode % diff 2021/22 to 19/20 (M6) |
|---|---|---|---|---|---|
| Cardiff and Vale University Local Health Board | 330 | 178 | 85% | 323 | 2% |
| Liverpool Heart And Chest Hospital nhs foundatio | 149 | 95 | 57% | 115 | 30% |
| Royal Brompton & Harefield Nhs foundation trust | | 4 | | 10 | |
| Swansea Bay University Local Health Board | 126 | 86 | 47% | 213 | -41% |
| University Hospitals Birmingham Nhs Foundation t | 8 | 3 | 167% | 17 | -53% |
| University Hospitals Of North Midlands nhs trust | 11 | 10 | 10% | 15 | -27% |
| **Total** | **624** | **376** | **66%** | **693** | **-10%** |

*Data source: DHCW central data warehouse; all inpatient activity*

The above table highlights the variance in Thoracic Surgery inpatient recovery across the main specialist providers, with Liverpool Heart and Chest Hospital showing the highest and quickest recovery to activity actually 30% higher to date than 2019-2020. CVUHB is also showing 2% higher activity than 2019-2020 to the same month. However, SBUHB is showing a 41% drop in activity to date compared to 2019-2020, although this is still 47% more than what was able to be delivered to this point in 2020-2021.

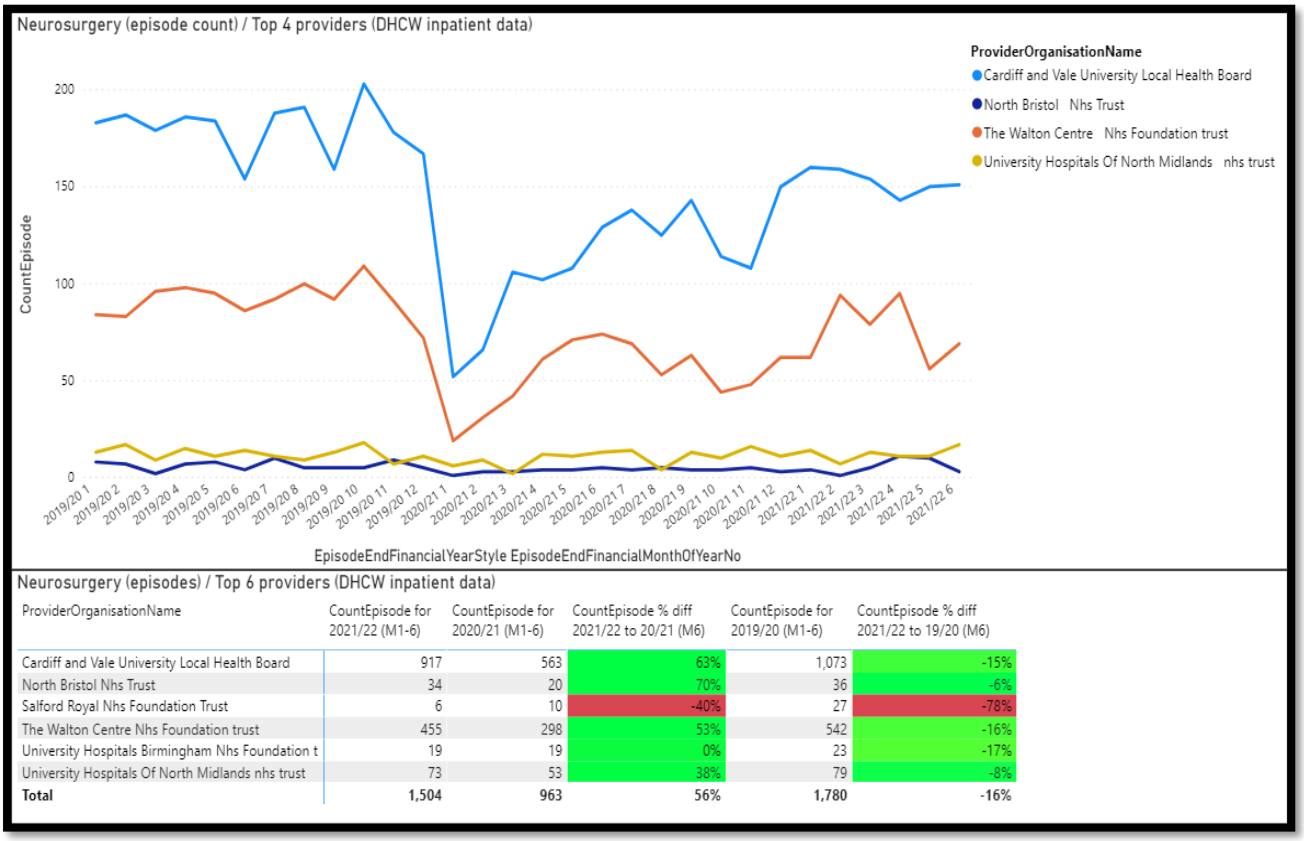
The drop in the volume of Thoracic inpatient activity reported over the COVID-19 period stood at 35% less activity overall in 2020-2021 compared to 2019-2020. Using activity to date this year 2021-2022 (Month 6), activity is 10% less than 2019-2020, but is 66% higher in total than to the same month last year.

Access rates across the HBs varied across the past two years, which is to be expected given the relatively low activity numbers (about 73/month), but should still be monitored.

It is important to note that over the last 12 months, collaborative arrangements have been in place between the two South Wales thoracic surgery services to use the joint capacity across the 2 services to ensure equitable access. This ensures that if the usual centre capacity is constrained due to the impact of the pandemic (or potentially other factors) and there is available capacity at the other south Wales service, patients can be cross referred and access treatment on the basis

of clinical need. This means that activity at a particular centre does not directly translate into access for residents of HBs for which it is the usual provider.

## 6.3 Neurosurgery
## Activity and Access Rate Summary



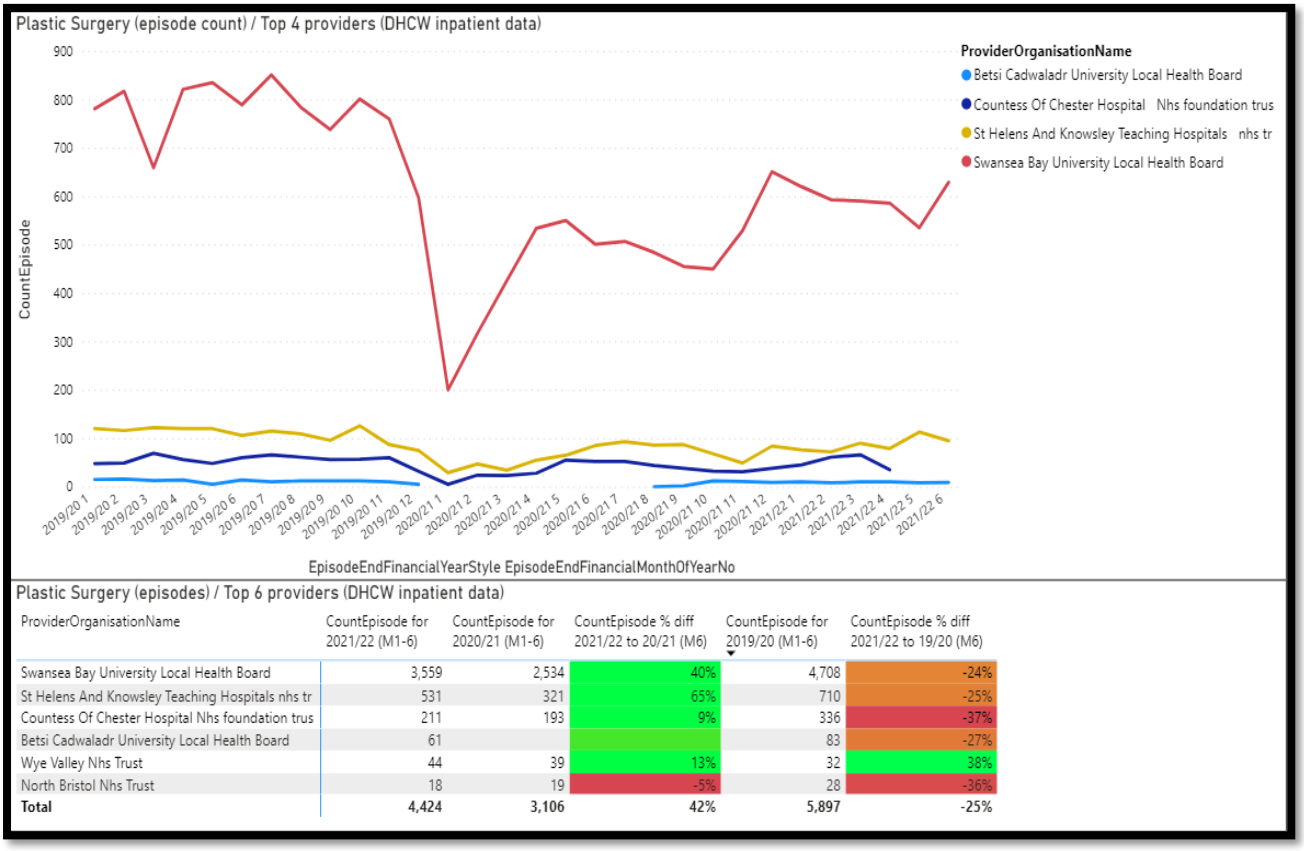

Neurosurgery (episodes) / Top 6 providers (DHCW inpatient data)

| ProviderOrganisationName | CountEpisode for 2021/22 (M1-6) | CountEpisode for 2020/21 (M1-6) | CountEpisode % diff 2021/22 to 20/21 (M6) | CountEpisode for 2019/20 (M1-6) | CountEpisode % diff 2021/22 to 19/20 (M6) |
|---|---|---|---|---|---|
| Cardiff and Vale University Local Health Board | 917 | 563 | 63% | 1,073 | -15% |
| North Bristol Nhs Trust | 34 | 20 | 70% | 36 | -6% |
| Salford Royal Nhs Foundation Trust | 6 | 10 | -40% | 27 | -78% |
| The Walton Centre Nhs Foundation trust | 455 | 298 | 53% | 542 | -16% |
| University Hospitals Birmingham Nhs Foundation t | 19 | 19 | 0% | 23 | -17% |
| University Hospitals Of North Midlands nhs trust | 73 | 53 | 38% | 79 | -8% |
| **Total** | **1,504** | **963** | **56%** | **1,780** | **-16%** |

*Data source: DHCW central data warehouse; all inpatient activity*

The above table highlights the variance in Neurosurgery inpatient recovery across the main specialist providers, with Cardiff and the Walton Centre showing similar recoveries with reductions of 15% and 16% this year compared to the same point in 2019-2020. Overall activity was 39% less in 2020-2021 than in 2019-2020, with the equivalent figure being 16% less so far in 2021-2022. Please note the University Hospital North Midlands activity above primarily relates to North Wales residents, which is paid for through a local contract and not via WHSSC.

## 6.4 Plastic Surgery Plastic Surgery (excl. Burns) Activity and Access Rate Summary




Plastic Surgery (episodes) / Top 6 providers (DHCW inpatient data)

| ProviderOrganisationName | CountEpisode for 2021/22 (M1-6) | CountEpisode for 2020/21 (M1-6) | CountEpisode % diff 2021/22 to 20/21 (M6) | CountEpisode for 2019/20 (M1-6) | CountEpisode % diff 2021/22 to 19/20 (M6) |
|---|---|---|---|---|---|
| Swansea Bay University Local Health Board | 3,559 | 2,534 | 40% | 4,708 | -24% |
| St Helens And Knowsley Teaching Hospitals nhs tr | 531 | 321 | 65% | 710 | -25% |
| Countess Of Chester Hospital Nhs foundation trus | 211 | 193 | 9% | 336 | -37% |
| Betsi Cadwaladr University Local Health Board | 61 | | | 83 | -27% |
| Wye Valley Nhs Trust | 44 | 39 | 13% | 32 | 38% |
| North Bristol Nhs Trust | 18 | 19 | -5% | 28 | -36% |
| **Total** | **4,424** | **3,106** | **42%** | **5,897** | **-25%** |

*Data source: DHCW central data warehouse; all inpatient activity*

The above table highlights the variance in Plastic Surgery inpatient recovery across the main specialist providers, with an overall reduction of 25% so far this year compared to 2019-2020. The total reduction was 39% across the full year of 2020-2021. They all show the expected inverse relationship to the COVID-19 waves across the UK, with activity increasing again after the first few months.

Note that the Countess of Chester Hospital activity above primarily relates to North Wales residents, which is paid for through a local contract and not via WHSSC. Wye Valley patients are primarily Powys residents through the WHSSC contract.

## 6.5 Bariatric Surgery

There has been limited operating activity for bariatric surgery throughout the past year, however there are plans to recommence activity in SBUHB by the end of the year. There is an anticipated residual gap which could be managed through alternate patient pathways.

## 6.6 Cleft Lip and Palate

### *6.6.1 Paediatrics*

Good recovery has been made within
SBUHB and there are no anticipated problems moving forward. There are no current issues of concern within BCUHB. Both English providers (Alder Hey Children's Hospital (ACH) and Royal Manchester Children's Hospital (RMCH)) are expected to deliver against pre-COVID-19 levels.

### *6.6.2 Adults*

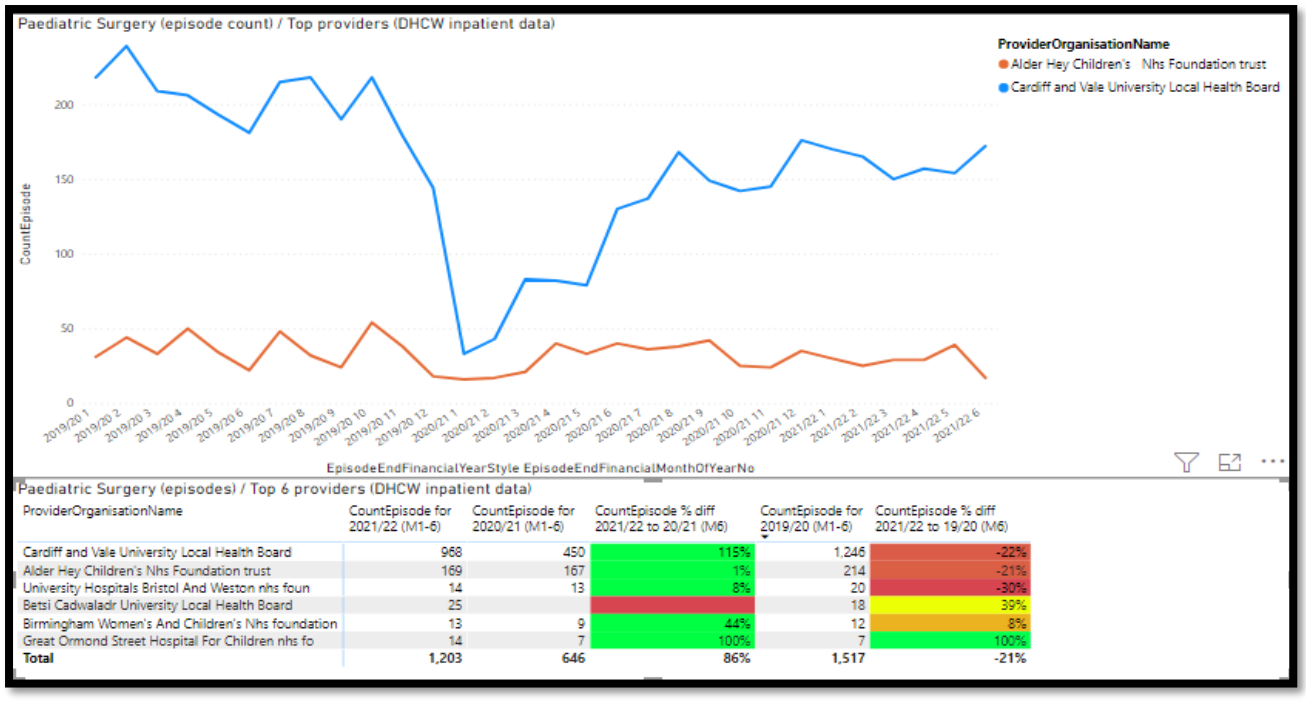
There remains a challenging position in respect of adult services for cleft lip and palate with exploration of alternate pathways being undertaken by the main South East Wales provider.

## 6.7 IVF

Activity is below contracted levels in the Welsh Fertility Centre, with alternate pathways being explored. Both English providers (The Hewitt Centre at the Liverpool Women's Hospital and Shropshire and Mid Wales Fertility Centre) have recovered and are expected to deliver above contracted activity.

## 6.8 Paediatric Surgery

**Activity and Access Rate Summary**




Paediatric Surgery (episodes) / Top 6 providers (DHCW inpatient data)

| ProviderOrganisationName | CountEpisode for 2021/22 (M1-6) | CountEpisode for 2020/21 (M1-6) | CountEpisode % diff 2021/22 to 20/21 (M6) | CountEpisode for 2019/20 (M1-6) | CountEpisode % diff 2021/22 to 19/20 (M6) |
|---|---|---|---|---|---|
| Cardiff and Vale University Local Health Board | 968 | 450 | 115% | 1,246 | -22% |
| Alder Hey Children's Nhs Foundation trust | 169 | 167 | 1% | 214 | -21% |
| University Hospitals Bristol And Weston nhs foun | 14 | 13 | 8% | 20 | -30% |
| Betsi Cadwaladr University Local Health Board | 25 | | | 18 | 39% |
| Birmingham Women's And Children's Nhs foundation | 13 | 9 | 44% | 12 | 8% |
| Great Ormond Street Hospital For Children nhs fo | 14 | 7 | 100% | 7 | 100% |
| **Total** | **1,203** | **646** | **86%** | **1,517** | **-21%** |

*Data source: DHCW central data warehouse; all inpatient activity*

The above table highlights the variance in Paediatric Surgery inpatient recovery across the main specialist providers, with ACH initially showing the highest and quicker recovery. The main 2 providers show the expected inverse relationship to the COVID-19 waves across the UK, with activity increasing again.

There was a drop in the volume of Paediatric Surgery inpatient activity reported during the period, which is recovering but was 38% less activity overall in 2020-2021 compared to 2019-2020.

Activity so far in 2021-2022 shows an 86% increase compared to last year at this point, and 21% less than 2019-2020, with the 2 main providers being roughly the same.

Access rates across the HBs varied as the pandemic initially hit, but have now stabilised to roughly the same split as last year. The highest age group having inpatient episodes are by far the 0-4 age group.

However, inpatient episodes per 100k population varies significantly overall across the HB areas, from 21 to 97, with Cardiff being by far the highest.

ACH had previously reported to WHSSC through their recovery plans that activity was currently higher than pre-COVID-19 levels and a robust plan is in place to manage the small number of patients waiting over 52 weeks. The provider has confirmed that all patients waiting over 52 weeks will be treated before the end of March 2022.

Cardiff and Vale are reporting a significant number of patients waiting over 52 weeks. In dialogue with the provider, there are a number of contributing factors to the waiting list including nurse capacity, bed capacity and theatre availability. The HB are refining the recovery plan for paediatrics to detail the trajectory for managing the patient cohort. WHSSC has sought assurance on the clinical review and communication with patients on the waiting list. There are 50 newly qualified nurses due to start within the Children's hospital over the coming months, which will work towards alleviating the nursing and bed pressures.

### 6.9 BMT and CAR-T

There are capacity issues within CVUHB for the provision of BMT with discussions on-going as to whether more patients can be seen at SBUHB. There are currently no issues with NHS England providers.

There are also capacity issues within CVUHB for the provision of CAR-T. This is not just a recovery issue and there will need to be a strong plan for the provision of CAR-T within Wales moving forward. There are no issues with providers from within NHS England.

### 6.10 Summary of Recovery Position

In summary of the recovery position:

- Providers in England have been able to recover faster and to a higher level of activity than those within NHS Wales

- The main challenges are in South Wales, and areas of particular concern are:
  - Bariatric Surgery
  - Cardiac Surgery
  - Plastic Surgery
  - Neurosurgery
  - Paediatric Surgery
- There is work to be undertaken to project residual gap
- There is work to be done to understand latent demand for specialist services which could occur as a result of investment in the secondary care part of patient pathways
- There is a need to develop a plan for outsourcing/cross patient lists etc.
- Assurance is needed that the plans for recovery are achievable, with robust monitoring arrangements in place to report on further deterioration or emerging risks

A set of principles have been developed by WHSSC through discussions with Joint Committee in respect of recovery as follows:

- A focus on equity – recovery position should be to that of the best
- Patients regardless of where they live should be treated in priority order, as quickly as possible, as close to home as possible
- Patients will be moved between providers should clinical priorities be unable to be met or waiting times are significantly longer
- Alternate pathways options should be considered

WHSSC will continue to work with provider HBs to understand the position, performance manage against recovery profile, and offer commissioner support as necessary. Regular reports will be made to Joint Committee in respect of the position.

## 7.0 COMMISSIONING TEAM PRIORITIES FOR THE ICP PERIOD

This section of the ICP outlines the priorities within each of the WHSSC commissioning teams for the period of the ICP.

### 7.1 Cancer and Blood Commissioning Team

#### *7.1.1 Specialist Radiotherapy Molecular Radiotherapy (MRT)*

It is currently being proposed that WHSSC leads an all Wales strategic programme for the future development of MRT to meet the needs of the population of Wales. The evidence base for MRT is rapidly developing with the potential for new treatments becoming available in the near future. NICE is currently appraising the evidence for MRT in the treatment of prostate cancer which, if positive, would require a step change in capacity. The Cancer and Blood commissioning team will:

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| MRT | Work to commission MRT in alignment with the all Wales strategic programme. | Q4 |

### *7.1.2 SABR provision for North Wales*

BCUHB has indicated its interest in becoming a commissioned provider of SABR for the population of North Wales. Currently patients travel to Liverpool for SABR treatment. Building on work conducted in 2021-2022 to commission a second provider of SABR in South Wales, WHSSC will scope and take forward a designation process for commissioning a SABR service within North Wales.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| SABR | Scope and take forward a designation process for commissioning a SABR service within North Wales. | Q4 |

### *7.1.3 Thoracic Surgery*

WHSSC will continue to provide commissioner support to the implementation project board for the future single Thoracic Surgery Service for South West, Mid and South East Wales based at Morriston Hospital, Swansea. This will include input and support as required to business case development for capital and revenue implications to deliver the service model.

### *7.1.4 Genomics*

WHSSC will continue to work closely with the All Wales Genomics Service to support the continued strategic development of genetic testing for Wales including the test directory, new pharmacogenetic tests, repatriation and infrastructure development.

### *7.1.5 Extracorporeal Membrane Oxygenation (ECMO)*

ECMO has been identified as a potential area for service repatriation at an appropriate time further to the completed implementation of existing plans to increase critical care capacity in Wales. WHSSC will work with the Critical Care Network to explore at the appropriate time the potential for developing an ECMO service within Wales provided it can be delivered safely and sustainably. This work will be taken forward in accordance with the WHSSC designation framework.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Extracorporeal Membrane Oxygenation (ECMO) as a bridge to lung transplant (all ages) | To develop the commissioning policy for ECMO as a bridge to transplant. | Q2 |

### *7.1.6 Specialised Haematology and Immunology*

WHSSC is commissioning a piece of work to provide clinical advice in relation to the boundary between specialised and non-specialised commissioning in haematology and immunology. In particular, the work will focus on the BMT pathway, new services such as Thrombotic Thrombocytopenic Purpura, and secondary immunodeficiency. Depending on the outcome of this work, there may be actions within the work programme 2022-2023 required to implement any changes that may be agreed to commissioning arrangements for these services.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Haematology/immunology | To commission a review of the scope of specialised commissioning of haematology and immunology | Q1 |

### *7.1.7 CIAG Schemes*

The following scheme was prioritised for inclusion in the WHSSC ICP through the Clinical Impact Advisory Group process:

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Psychology support for Paediatric Plastic Surgery | To work with stakeholders to develop and implement models for the provision of psychology support | Q3 |

## 7.2 Cardiac Commissioning Team

### *7.2.1 Improving Access to Pulmonary Hypertension (PH) Services*

The Cardiac Commissioning team intend to continue the work started in 2021, which scoped the feasibility of providing a more local PH service to reduce delays in the patient pathway, avoid duplication of diagnostics and improve the overall patient experience. Whilst the future model is yet to be agreed, early indications are that the preferred clinical model would be the development of a satellite clinic supported from one of the main NHS England specialist providers.

| Scheme | Action | Implementation Timeline |
|---|---|---|
| Improving access to Pulmonary Hypertension (PH) services | Continue engagement with NHSE and local HB to implement the agreed clinical model. | Q2 |

### *7.2.2 Cardiac Surgery*

The Cardiac Commissioning Team has committed to work with both South Wales providers to scope out the future provision of Cardiac surgery for the South Wales population. The overall aim is to review the demand and capacity requirements, taking account of future sustainability and access and the growth in interventional cardiology procedures in order to inform the development of a strategy for the ongoing delivery of the service.

| Scheme | Action | Implementation Timeline |
|---|---|---|
| Strategy for future provision of cardiac surgery services for South Wales | Review demand and capacity requirements.<br>Continue to engage with stakeholders with regards to the future delivery of service.<br><br>Develop and implement a service specification for cardiac surgery. | Q2 dependant on further intelligence around current cardiology backlogs and HB recovery plans<br><br>Q2 |

### *7.2.3 Inherited Cardiac Conditions*

The Commissioning Team intend to continue the work commenced during 2021 to develop the full service model (Phase 2) for the delivery of Inherited Cardiac Conditions.

| Scheme | Action | Implementation Timeline |
|---|---|---|
| Developing a full service model for the delivery of ICC services | Implementation of a service specification for ICC.<br>Continued engagement with clinical working group.<br>Develop a proposal for full service model to link with the Phase 1 investment. | Q2<br>Q2<br>Q2 |

The following service have been supported for additional investment during 2022-2023:

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Improving Access for Patients with or Suspected Inherited Cardiac Conditions (Phase 1) | Commissioning team to develop the funding release paper. | Q2 |

## 7.3 Mental Health and Vulnerable Groups Commissioning Team

### *7.3.1 Mental Health Strategy*

Programme governance for the mental Health Strategy will be provided through the WHSSC reporting structure.

There will be seven service work streams:

| | |
|---|---|
| • CAMHS (including FACTS (Forensic Adolescent Consultation and Treatment Service)<br>• Learning Disabilities<br>• Secure Services (Men)<br>• Eating Disorders | • Women's Services<br>• Perinatal Mental Health<br>• Neuropsychiatry |

There will be four enabling work streams to support strategy development:

- Programme Structure and Development
- Finance and Information
- Quality and Governance
- Workforce

An overarching work stream on "Transition" will be considered through the programme team in order to ensure alignment. The stream will consider issues of transition between age groups, services and tiers of mental health support. Alongside the strategy will sit the Implementation Plan for 2022-2025 which will provide the key commissioning priorities for the term of the strategy.

The key priority for the Mental Health Portfolio will be the implementation of the Specialised Services Strategy for Mental Health. The strategy will include the following provisions:

### *7.3.2 Publication of Strategy for Mental Health Specialised Services*

High quality specialised care provided to patients in the least restrictive environment appropriate for their treatment.

Providing more care closer to home wherever safe and practicable to do so; primarily in the Welsh NHS but where necessary, and appropriate, with third sector or private sector partners.

| **Scheme** | **Action** | **Implementation Timeline** |
|---|---|---|
| Publication of Strategy for Mental Health Specialised Services | Alignment of draft Mental Health Specialised Services Strategy with Together for Mental Health and sign off | Q1 |

### *7.3.3 Implementation of Mental Health Specialised Services Strategy*

Developing commissioning models which add value and strengthen the whole pathway approach to service delivery supporting the transforming health care agenda within Wales.

| **Scheme** | **Action** | **Implementation Timeline** |
|---|---|---|
| Implementation of Mental Health Specialised Services Strategy | Implementation plan to be followed to ensure actions for 2022-2023 are met and foundations for implementing 2023-2024 actions are in place.<br>Continued engagement with stakeholders and programme board. | Q4<br>Q4 |

### *7.3.4 Policy and Service Specification Development*

Addresses the challenge of improving outcomes and transitions between different parts of pathway and commissioning organisational boundaries.

| Scheme | Action | Implementation Timeline |
|---|---|---|
| Policy and Service Specification Development | Develop and/or revise policies and service specifications to meet the needs of the strategy and subsequent services developments | Q3 |

### *7.3.5 Funding Options to Consider Developments as a Result of the Strategy*

To prioritise investment in areas with demand and capacity constraints and areas with extended waiting times and/or gaps in service.

| Scheme | Action | Implementation Timeline |
|---|---|---|
| Funding options to consider developments as a result of the strategy | Funding options sourced and applications made as appropriate to ensure funding available to achieve.<br><br>implementation plan<br><br>Identification of potential CIAG schemes | Q2<br><br>Q2<br><br>Q2 |

## 7.4 Neurosciences Commissioning Team

The following offer the priorities for the Neuroscience Commissioning Teams for the first year of the ICP 2022-2025 are as follows:-

### *7.4.1 Specialised Rehabilitation*

A key priority for the Neurosciences and LTC Commissioning Team in 2022-2023 is the development of a Specialised Rehabilitation Strategy for Wales. The strategy will develop a commissioning model which will strengthen the whole pathway approach to service delivery. A gap analysis will be undertaken to address the challenge of meeting national standards to ensure timely access to specialised rehabilitation treatment and improve outcomes for patients across the clinical pathway.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Specialised Rehabilitation Strategy | To provide a sustainable and equitable service model across Wales for Neuro rehabilitation and Spinal Injury Services<br><br>To work towards achieving national standards.<br><br>Explore the development of a Rehabilitation network across Wales. | Q4<br><br>Q4<br><br>Q4 |

### *7.4.2 Commissioning of a Tertiary Thrombectomy Centre in South Wales*

A business case for the establishment of a tertiary Mechanical Thrombectomy centre in South Wales will be developed within the timescale of this plan. The provision of a local fully funded Mechanical Thrombectomy service in South Wales will enhance the provision and accessibility of this life changing procedure for the south Wales population.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Commissioning of a Tertiary Thrombectomy Centre in South Wales | Address long-term commissioning arrangements<br><br>Ensure sustainability, deliverability and access of the Mechanical Thrombectomy service<br><br>Improve patient outcomes with the development of a more local regional centre | Q3<br><br>Q3<br><br>Q3 |

### *7.4.3 Sustainability of the South Wales Neurosurgery Service – Cardiff and Vale UHB*

This development will address the sustainability of the service and staffing deficits, thereby, enabling an improvement in access and outcomes for patients. This includes investment in theatre capacity, clinical nurse specialist and consultant workforce to address the challenge of meeting national standards.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Sustainability of the South Wales Neurosurgery Service – Cardiff and Vale UHB | Address the sustainability and inequity of the service to meet the Safe Neurosurgery national standards, which is comparable to centres in NHS England | Q3 |

### *7.4.4 Phase 2 of the Neuropsychiatry Care Pathway – Cardiff and Vale UHB*

This development will address the sustainability of the Welsh Neuropsychiatry Service by enhancing the staffing establishment in line with BSRM standards. This will ensure staff have the specific training, skill and expertise to meet the needs of the existing service and provide an equitable service across Wales for those with an acquired brain injury, who have developed neuropsychiatric sequelae and require specialised services to support their recovery and adjustment. The investment will enable the service to develop and deliver a Liaison model of working; creating stronger relationships with Welsh HBs to provide training and support to teams caring for patients requiring specialist neuropsychiatric rehabilitation.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Phase 2 of the Neuropsychiatry Care Pathway – Cardiff and Vale UHB | To provide a sustainable and equitable service model across Wales for Neuropsychiatry services | Q4 |

### *7.4.5 Sustainability and Equity of the North Wales Prosthetic Service and the Provision of an Outreach Service for Rural Communities*

This development will see an additional prosthetist to deliver an equitable service to both War Veterans and the civilian population. The investment will ensure resilience in the overall Prosthetic Service and improve waiting times.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Sustainability and equity of the North Wales Prosthetic service and the provision of an outreach service for rural communities | To provide an equitable service to the civilian population and war veteran clients.<br><br>Address service sustainability to improve service provision to meet clients' needs | Q2<br><br>Q2 |

### *7.4.6 Joint Proposal from North and South West Wales Prosthetic Service for Psychology Support to Ensure Equity across both Regions*

This development will improve access to psychology services in order to provide equity of access to psychological care and in line with the provision at the Cardiff centre.

In addition, with the funding of psychology support will allow the service to address some of the associated mental health elements due to traumatic limb loss, which will have an impact on client outcomes and enable the service to provide an effective pre-habilitation to clients awaiting amputation.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Sustainability and equity of the North Wales Prosthetic service and the provision of an outreach service for rural communities | To provide an equitable service to the civilian population and war veteran clients.<br><br>Address service sustainability to improve service provision to meet clients' needs | Q2<br><br>Q2 |

### *7.4.7 Repatriation of Adolescent Paediatric Cochlear Implant Patients from Manchester*

The proposal sought to repatriate the children who have cochlear implants at RMCH to be seen locally in North Wales. A decision was made that this process could be managed outside of the CIAG process and the WHSS Team will work with colleagues in BCUHB to take this issue forward.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Repatriation of adolescent Paediatric Cochlear Implant patients from Manchester | To deliver a more local and accessible service for Paediatric Cochlear Implant patients in the North Wales region | Q3 |

## 7.5 Women's and Children Commissioning Team

The following offer the priorities for the Women and Children's Commissioning Teams for the first year of the ICP 2022-2025 are as follows:

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Paediatric Orthopaedic Surgery | Service specifications are developed for the secondary and tertiary elements of provision, to ensure that the entire pathway is commissioned effectively.<br><br>Needs assessment and gap analysis to inform future requirements. | Q3<br><br>Q3 |

### *7.5.1 Specialised Paediatric Spinal Surgery*

Paediatric Spinal Surgery is a specialised service. It is proposed that the responsibility for commissioning the service is formally delegated to the Welsh Health Specialised Services Committee, which will be a key priority for the commissioning team during 2022. Initial steps will include the appointment of a Paediatric Spinal Clinical Nurse Practitioner to ensure that patients across South and West Wales have timely access to surgical treatment. A further gap analysis will be undertaken as part of the development of the WHSSC Paediatric Strategy.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Specialised Paediatric Spinal Surgery | A Paediatric Spinal Clinical Nurse Practitioner would ensure that patients across South and West Wales have timely access to surgical treatment<br><br>A further gap analysis will be undertaken as part of the development of the WHSSC Paediatric Strategy. | Q3<br><br>Q3 |

### *7.5.2 Paediatric Pathology*

The proposal for the Paediatric Pathology Service is to commission a sustainable service 52 weeks of the year. This will ensure that the volume of required work can be met as well as developing a clear succession plan for the service. The work will be undertaken in Q1 of 2022.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Paediatric Pathology | To commission a sustainable service 52 weeks of the year. This will ensure that the volume of required work can be met as well as developing a clear succession plan for the service. | Q1 |

### *7.5.3 Paediatric Gastroenterology*

The proposal is to establish quarterly outreach clinics in each of the three District General Hospitals within BCUHB. These will be joint clinics with the local paediatric team along with specialist Gastroenterologists from ACH. This will provide care closer to home for the children and families as well as enhanced training and education for paediatricians and nursing staff.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Paediatric Gastroenterology – north Wales | Establish Qly outreach clinics in each of the three DGH's within BCUHB. These will be joint clinics with the local paediatric team along with Specialist Gastroenterologists from AHCH. | Q3 |
| | This will provide care closer to home for the children and families as well as enhanced training and education for paediatricians and nursing staff. | Q3 |
| | This proposal will result in positive earlier intervention, and therefore improve safety and clinical outcomes. | Q3 |

## 7.6 Welsh Renal Network

All submissions from the HBs to the WHSSC prioritisation process via the Clinical Impact Assessment Group (CIAG) were returned to the WRCN for consideration. To ensure a fair and transparent process, the WRCN have adapted the CIAG methodology for identifying priorities and it is anticipated that this will be run annually.

The proposals received in this round sought investment in all three HBs that host the regional renal centres and were aligned to the achievement of the WRCN priorities as set out overleaf:

### *7.6.1 Procurement of a Sustainable High Quality Service in South West Wales*

Complete procurement of a sustainable high quality service in South West Wales, including geographical and capacity expansion to include Neath Port Talbot and Bridgend localities by March 2022. Oversee contract mobilisation and delivery process.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Procurement of a sustainable high quality service in South West Wales including geographical and capacity expansion to include Neath Port Talbot and Bridgend localities by March 2022 | Oversee contract mobilisation and delivery process. | Q2 |

### *7.6.2 Improvements to Access to Home Dialysis and Re-tender the National Home Dialysis Framework*

Further improvements to access to home dialysis, utilising the learning gained from the peer review process and by embedding Shared HD Care in all unit dialysis services. To ensure deliver of value for money and ease of access to equipment to facilitate improved uptake of home dialysis.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Improvements to access to home dialysis | Peer review process and embed Shared HD Care in all unit dialysis services.<br>Re-tender the National Home Dialysis Framework to ensure deliver of value for money and ease of access to equipment to facilitate improved uptake of home dialysis. | Q4 |

### *7.6.3 Establishment of a Quality Assurance Dashboard that Encompasses Key Metrics*

Establishment of a quality assurance dashboard that encompasses key metrics such as nurse to patient ratio's, Datix reports, PREM and PROM outcomes to enable proactive identification of areas requiring service improvement programmes.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Establishment of a quality assurance dashboard that encompasses key metrics | Produce dashboard to include key metrics such as nurse to patient ratio's, Datix reports, PREM and PROM outcomes to enable proactive identification of areas requiring service improvement programmes | Q3 |

### *7.6.4 National Quality Improvement Programme*

Embed a national quality improvement programme relating to safe cannulation to preserve vascular access.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Safe cannulation to preserve Vascular access. | Embed a national quality improvement programme relating to safe cannulation to preserve vascular access | Q4 |

### *7.6.5 Delivery of the Transformation Fund Projects to Digitise Kidney Care in Wales*

To realise the benefits and complete the delivery of the Transformation Fund projects to digitise kidney care in Wales. Patient education and training to be linked to the findings of the Dialysis Choices research study to maximise impact.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Delivery of the Transformation Fund projects to digitise kidney care in Wales | To realise the benefits and complete the delivery of the Transformation Fund projects to digitise kidney care in Wales. To link patient education and training to the findings of the Dialysis Choices research study to maximise impact. | Q4 |

### *7.6.6 Supporting Patients to Manage the Wider Aspects of Health*

To work proactivity with Local Authority, Charity and third sector partners to provide a structured approach to supporting patients to manage the wider aspects of health i.e. Mental Health, Hardship and Housing.

| Scheme | Actions | Implementation Timeline |
|---|---|---|
| Supporting patients to manage the wider aspects of health i.e. Mental Health, Hardship and Housing. | To work proactively with Local Authority, Charity and third sector partners to provide a structured approach to support patients to manage the wider aspects of health | Q1 |
| Paediatric Gastroenterology – north Wales | Establish quarterly outreach clinics in each of the three DGH's within BCUHB. These will be joint clinics with the local paediatric team along with Specialist Gastroenterologists from AHCH. | Q3 |

## 8.0 SERVICES PRESENTING AS IN YEAR RISKS

### 8.1 Welsh Artificial Eye Service Risk and Solution

The Welsh Artificial Eye Service currently has 1,985 patients and accepts approximately 80 new patents per year. This is a lifelong service as patients are never discharged and will continue to require follow up care.

A number of risks have been identified within the service:

- There are currently only three Band 6 Orbital Prosthetics providing the service across Wales.
- The service is now at full capacity with no contingency plan for long-term absence or retirement.
- Basic training take 2 years with advanced training required for complex cases.
- The workforce required to safely and sustainably deliver the service is not readily available, as there is no surplus of clinicians, active succession planning is required to ensure continuation of the service to patients.

In order to address the above, the establishment needs to be uplifted by one WTE Band 6. In house training will be provided. Without funding this issue is likely to present as an in-year risk.

## 9.0 REALIGNMENT OF COMMISSIONING

During the period of this plan, WHSSC will work with commissioner HBs to determine any services which could more appropriately be provided within an acute setting as they are no longer of a specialist nature and more routinely picked up within a DGH setting. Examples of services which this could apply to are some elements of plastics and Percutaneous Coronary Intervention (PCI).

## 10.0 GOVERNANCE, ASSURANCE AND RISK MANAGEMENT

### 10.1 Quality and Patient Safety

The quality of care and experience that patients and their families receive, is central to the commissioning of specialised services. Quality is everyone's business and all of our staff strive to ensure that quality and patient centred services are at the heart of commissioning.

An overarching goal of WHSSC is to improve outcomes for people, whoever they are and wherever they live, by providing them with access to high-quality specialised services. To achieve this aspiration of having a quality-led commissioned service, we need to operate within an effective quality management system. The WHSSC Quality Framework first developed in July 2014 has been revised during the past year, and re-launched as the Commissioning Assurance Framework. This framework provides an overview of what quality looks like, highlights the key principles that underpin it and the arrangements that need to be in place to be assured of high quality services at all times.

The aim of the Commissioning Assurance Framework (CAF) is to move beyond the basic infrastructure to the next stage of driving quality assurance, and more importantly improvement in the services we commission. The fundamental principles underpinning the CAF are to develop open and transparent relationships with our providers, to engage and involve the clinical teams and work in partnership with stakeholders when planning and commissioning services.

The Commissioning Assurance Framework (CAF) is supported by a suite of documents namely the Performance Assurance Framework, Escalation Process, Risk Assurance Framework, and Patient Engagement and Experience Framework which were endorsed by the Quality and Patient Safety Committee in August 2021 and the Joint committee on 07 September 2021. They were designed to support the overarching ambition in order to:

- Gaining assurance regarding the quality of commissioned services
- Identifying and addressing variation in access and outcomes for populations
- Ensuring services are sustainable and there is continuous service improvement.

## 10.2 Once for Wales Concerns Management System

The reporting and investigation of incidents play an important role in terms of changing culture, transparency and shared learning from when harm occurs. The Once for Wales Concerns Management System (OfWCMS) is a new approach to how NHS organisations in Wales consistently report, record, learn and monitor improvements following incidents, complaints, claims and other adverse events that occur in healthcare. WHSSC is working closely with HBs in ensuring that the platform is utilised to bring vital data together to improve patient safety as well as patient experience.

## 10.3 Quality Surveillance Information System (QSIS)

NHS England and NHS Improvement monitors the quality of all specialised commissioned in England. The Quality and Nursing Team (QNT) plays a crucial part in assessing the quality of those services and has developed a QNT Framework to discharge these responsibilities. The QNT framework uses defined metrics to collect information from each provider on an annual basis through a self-report process, with the option to follow this up with a peer review process. The report is based on quality indicators and reflect the particular service specification. The self-report process allows QNT to obtain relevant data through an established Quality Surveillance Information System (QSIS) where categories are populated by service responses, then collated centrally and analysed by regional hubs.

## 10.4 Approach to Risk Management

Risk management (for risks other than health and safety) is embedded in the activities of WHSSC through the WHSSC Risk Management Framework and associated operating procedures. The Corporate Risk and Assurance Framework (CRAF) forms part of WHSSC's approach to the identification and management of strategic and other top level risks. The framework is subject to continuous review by the Executive Director lead for each risk, the Corporate Directors Group Board (CDGB), the joint sub-committees and the Joint Committee.

The CRAF is informed by risks identified by both Directorates and Commissioning Teams which are considered by a monthly risk scrutiny panel that reports to CDGB. Each risk is allocated to an appropriate sub-committee for assurance and monitoring purposes. The CRAF is received by the sub-committees as a standing agenda item, and the Joint Committee receives the CRAF at least twice yearly.

A revised Risk Management Strategy was approved by the Joint Committee in May 2021 and is based on the Risk Management Strategy agreed by CTMUHB (WHSSC's host organisation) so that there is alignment of approach.

The CRAF is an integral part of the system of internal control and defines the extreme potential risks listed on the Corporate Risk Register (scored 15 or above) which may impact upon the delivery of strategic objectives. It also summarises the controls and assurances that are in place or plans to mitigate them. The CRAF

aims to align principal risks, key controls and assurances on controls alongside each of WHSSC's strategic objectives.

Since May 2021, the commissioning teams have been busy reviewing their risks through a peer review process. A risk management workshop has also been held with the Corporate Directors Group during September to review the risks, review the risk scoring in light of COVID-19 and to horizon scan for new risks. The outcomes included: each directorate developing their own directorate specific risk register, the creation of a risk scrutiny group who meet monthly, to scrutinise directorate risks and offer a critical friend process for challenging risk narrative and scoring; and they consider those risks scoring 15 and above which should be escalated to the CRAF in accordance with the risk strategy.

The updated CRAF was approved by the Joint Committee on 09 November 2021. The following risks were identified as posing the greatest risk (20 and above) to the delivery of the WHSSC's commissioning objectives during 2021-2022 (as at Dec 2021):

| Ref | Risk Description | Risk Score |
|---|---|---|
| 27 (P/21/15) | Neonatal service cots - There is a risk that the Neonatal service in Cardiff & Vale are unable to open the commissioned number of cots due to staffing shortages, and as a consequence babies will need to be transferred to other units in Wales or transferred to NHS England | 20 |
| 18 (CT046) | Waiting Times Cardiac Surgery<br>There is a risk that people waiting for Cardiac Surgery will have their treatment delayed due to long waiting times with a consequence of deteriorating condition and disease progression | 20 |
| 23 (MH/21/08) | Access to Care Adults with a LD<br>There is a risk that adults with a learning disability will not have access to appropriate care and treatment due to the lack of secure MH beds in Wales and a reduction in access to beds in England. | 20 |
| 26 (NCC046) | Waiting Times Neuropsychiatry Patients<br>There is a risk that neuropsychiatry patients will not be able to be treated in a timely manner with the appropriate therapy support, due to staffing issues. | 20 |

Finally, a further risk management workshop to be held in February 2022 to review how the RSG process is working, to consider risk appetite and tolerance levels and to discuss developing a Joint Assurance Framework (JAF).

## 10.5 WHSSC Committee Governance Arrangements

The Auditor General for Wales is CTMUHB's statutory external auditor and the Audit Wales undertakes audits of WHSSC as part of the hosting arrangement.

The Audit Wales review into Committee Governance arrangements at WHSSC was undertaken between March and June 2020, however as a result of the COVID-19 pandemic, aspects of the review were paused, and re-commenced in July. A survey was issued to all HBs and the fieldwork was concluded in October 2020.

The scope of the work included interviews with officers and independent members at WHSSC, observations from attending Joint Committee and sub-committee meetings, feedback from questionnaires issued to HB Chief Executive Officers and Chairs and a review of corporate documents.

The findings were published in May 2021 in the Audit Wales Committee Governance Arrangements at WHSSC report. The report outlined four recommendations for WHSSC and the three recommendations for Welsh Government as outlined below:

| **Audit Wales Recommendations** |
|---|
| **WHSSC** |
| **R1** Increase the focus on quality at the Joint Committee. This should ensure effective focus and discussion on the pace of improvement for those services in escalation and driving quality and outcome improvements for patients. |
| **R2** Implement clear programme management arrangements for the introduction of new commissioned services. This should include clear and explicit milestones which are set from concept through to completion (i.e. early in the development through to post implementation benefits analysis). Progress reporting against those milestones should then form part of reporting into the Joint Committee. |
| **R3** In the short to medium term, the impact of COVID-19 presents a number of challenges. WHSSC should undertake a review and report analysis on:<br>a. the backlog of waits for specialised services, how these will be managed whilst reducing patient harm.<br>b. potential impact and cost of managing hidden demand. That being patients that did not present to primary or secondary care during the pandemic, with conditions potentially worsening.<br>the financial consequences of services that were commissioned and under-delivered as a result of COVID-19, including the under-delivery of services commissioned from England. This should be used to inform contract negotiation. |

**R4** The current specialised services strategy was approved in 2012. WHSSC should develop and approve a new strategy during 2021. This should:

a. embrace new therapeutic and technological innovations, drive value, consider best practice commissioning models in place elsewhere, and drive a short, medium, and long-term approach for post pandemic recovery.
b. be informed by a review of the extent of the wider services already commissioned by WHSSC, by developing a value-based service assessment to better inform commissioning intent and options for driving value and where necessary decommissioning.

The review should assess services:

- which do not demonstrate clinical efficacy or patient outcome (stop);
- which should no longer be considered specialised and therefore could transfer to become core services of HBs (transfer);
- where alternative interventions provide better outcome for the investment (change); currently commissioned, which should continue.

Progress against the WHSSC actions outlined within the management response are monitored through the Integrated Governance Committee (IGC) and the Joint Committee (JC).

**Welsh Government**

**R5** Review the options to recruit and retain WHSSC independent members. This should include considering measures to expand the range of NHS bodies that WHSSC members can be drawn from, and remuneration for undertaking the role

**R6** This is linked to Recommendation 2 made to WHSSC in this report. When new regional or sub-regional specialised services are planned which are not the sole responsibility of WHSSC, ensure that effective multi- partner programme management arrangements are in place from concept through to completion (i.e. early in the development through to post-implementation benefits analysis).

**R7** A Healthier Wales included a commitment to review the WHSSC arrangements along with other national hosted and specialist advisory functions. COVID-19 has contributed to delays in taking forward that action. It is recommended that the Welsh Government set a revised timescale for the action and use the findings of this report to inform any further work looking at governance and accountability arrangements for commissioning specialised services as part of a wider consolidation of current national activity.

Progress against the WG management responses is monitored through discussions between the Chair, the WHSSC Managing Director and the Director General Health & Social Services/ NHS Wales Chief executive.

Once the progress made against the tracker has been considered and approved by the Joint Committee on 18 January 2022 the tracking report will be shared with the NHS Wales Board Secretaries in HBs for inclusion on HB Audit Committee agendas in February/March 2022 to ensure that all NHS bodies are able to

maintain a line of sight on the progress being made, noting WHSSC's status as a Joint Committee of each HB in Wales.

### 10.6 Governance for Plan Approval

The ICP requires approval through both WHSSC and HB governance structures. As such it will be considered by:

| | |
|---|---|
| Management Group | December 2021 |
| Joint Committee | January 2022 |
| Welsh Government Submission | February 2022 |

### 10.7 Growing Capacity and Capability within WHSSC

The WHSST team have long worked in a structured way to ensure effective commissioning of specialised services. As previously mentioned, the portfolios within WHSSC has grown considerably over recent years, and continues to do so. Within the period of this plan therefore, the WHSST team seeks to grow both in capacity and capability. Of note is the strengthening of programme and project methodologies within the organisation. Investment within the direct running costs of the organisation will offer the ability to:

- Strengthen our information function to deliver real time activity data and meet the recommendation of the WAO report.
- Strengthening our policy development function
- Invest in capability to deliver outcome measurement and support the Value Based Commissioning Agenda
- Embed the use of Blueteq and our new Medicines Management expertise to support the VBC Agenda
- Investing in our capability to deliver needs analysis
- Further investment in our IT infrastructure to support homeworking and reducing our carbon footprint

## 11.0 FUNDING THE ICP 2022-2023

### 11.1 Key Assumptions for 2022-2023

The financial planning outlook and planning assumptions for 2022-2023 are summarised as follows:

- **Risk sharing** – There is no risk sharing utilisation adjustment for 2020-2021 activity during COVID-19, the current commissioner shares are based on two year utilisation for the 2018-2019 and 2019-2020 financial years. The only exception is a commissioner adjustment for neonatal utilisation as part of the cot configuration review, neonatal baselines have not updated since the initial rebasing was implemented aside of the Bridgend boundary transfer and a recognition of some flows to the University Hospital of Wales from the Royal Glamorgan unit closure.

- **Contracting framework –** It is assumed that English providers will move to an aligned payment and incentive system approach. It should however be noted that this represents substantial changes to the NHSE framework for contracting and funds flow with the introduction of the Integrated Care Board. Whilst full details are as yet unknown, it is anticipated that there will be a transition towards more of a block contracting environment informed by historic and planned volumes. The role of tariff in this new framework is not fully defined. For Welsh providers, this plan assumes a return to the cost and volume framework with marginal rates for performance variation but acknowledges there is currently an all wales financial flows sub group developing a framework proposal.

- **Budgets** - Budgets will be re-set to 2021-2022 baselines as a key principle, although a detailed baseline assessment has been undertaken to review if any recurrent performance adjustments are required for sustained over or under performance (not COVID-19 related).

- **Progress against 2021-2022 plan** - The majority of planned developments in service stabilisation did proceed in 2021-2022 with some non-recurring slippage but the recurrent funding originally approved will be required as planned for 2022-2023. The full year effect of previous year developments is assessed at a maximum of £4.152m. For context the 2021-2022 ICP full year effect uplift was £4.3m

- **Growth and inflation**- A number of growth provisions incorporated into the 2020-2021 plan and rolled into 2021-2022 plan are sufficient to cover forecast growth in 2022-2023 - e.g. historic high value areas such as renal dialysis and immunology products. New growth provisions for existing high cost drugs, further PET activity and the renal independent sector provider's inflation will be required for 2022-2023. Provider inflation is planned at 2.8% in line with the central core allocation uplift for 2022-2023, this includes an assumption that the increase in provider employer's national insurance will be funded by commissioners from this uplift. NHS wales provider wage awards will be will be fully dealt with as an in-year allocation during 2022-2023. Cross border inflation is also planned for at 2.8%, the current NHSE national tariff consultation document is proposing a net 2022-2023 uplift of 1.7% (2.8% inflation – 1.1% efficiency factor). However the prudent assumption of 2.8% provider inflation includes an assumption that in year English provider wage uplifts will exceed 2% and it is expected these will be funded from within the 2.8% core uplift. ***Note that Powys HB have requested their ICP contribution for NHSE provider inflation is held at 2.0% until the wage award uplift is finalised.***

- **New medicines and technologies -** NICE / new medicines forecast is expected to exceed the baseline £2.4m provision, with an estimated additional provision of £2m required. New medicines will be approved via NICE at the same or higher rate as historic levels and expenditure on cancer

medicines and high unit cost packages will return to normal. This is subject to the current backlog and the pace of clearance. ATMPs will continue to be considered by NICE, probably at an increased rate. The expected quantum will be as initially expected for 2021-2022 at circa £20m. The allocation for this is held by WG and drawn down as incurred.

- **Strategic resource** Investment will be required for a number of key strategic priorities including the major trauma network and specialised paediatric services. As part of the neonatal cot configuration review there will be a requirement to invest in both cot capacity and a catch-up in tariff rates in line with recently published NHS England benchmarking.

- **Value based commissioning schemes** There are a number of value work streams included in the ICP, these are described as follows:
  - ***Neonatal Transfers*** - (£0.25m) is anticipated from reducing capacity transfers for neonatal babies to English providers, this will be achieved by commissioning the appropriate level of provision at the appropriate geographical unit through the neonatal cot capacity review.
  - ***Medicines Management*** – (£0.35m) is expected to be secured from new Patient Access Scheme (PAS) and Managed Access Schemes (MAS) commercial discounts and rebates that will be made available to Welsh commissioners. Whilst no explicit savings target has been set in this plan it is anticipated that the roll out of the Blueteq prior approval system will also deliver efficiencies against the high cost drug and NICE prescribing provisions.
  - ***Cystic Fibrosis*** – (£0.5m) a review of inpatient and home IV service activity since the WG/Vertex rebate agreement in December 2019 has identified that the vastly increased access of the new Vertex triple therapies will deliver significant savings against the current baselines from existing cystic fibrosis contracting mechanisms.

**11.2 Recovery**

The 2021-2022 ICP recovery provision of £4m is returned to HBs on the basis that in year recovery funding was routed directly from Welsh Government to Welsh providers and via WHSSC or HB commissioners to English providers where activity triggered over performance under the English Recovery Fund (ERF) rules.

During October 2021 Welsh Government made recurrent an allocation of £170m for **'Planned and Unscheduled Care Sustainability for 2022-2023'** on a commissioner basis. This allocation is equivalent to a further 2.8% above the core allocation uplift of 2.8% and is to cover the full range of HB responsibilities for planned and urgent care, including specialised services commissioned by WHSSC on their behalf and includes funding for English recovery activity.

In the interests of IMTP alignment WHSSC has agreed with commissioning HBs to include a provision upfront in the 2022-2023 ICP to route this funding to NHSE providers for forecast recovery activity and Welsh trusts such as Velindre Cancer

Centre which require COVID-19 sustainability funding flows to be routed through commissioners in line with their IMTP requirements. This provision totals £6.699m and is made up of the following four recovery pressures:

| Planned and Unsheduled Care Sustainability Commissioner Allocation Routed Through WHSSC for 2022/23 | Total £ |
|---|---|
| English Recovery Forecast | 2,737,495 |
| Velindre COVID Drug recovery | 422,000 |
| Velindre COVID Sustainability | 1,380,781 |
| WBS COVID Sustainability (4th Collection) | 2,159,016 |
| **Total Sustainability Funding through WHSSC** | **6,699,292** |

Further work is on-going with Welsh HB providers to establish if additional sustainability allocation will need to flow through WHSSC to fund recovery activity or this can be managed against the full contract baselines established as the starting assumption for 2022-2023. England & Wales recovery will probably continue at different rates with English providers recovering fully earlier but the gap is expected to close if Welsh providers deliver their plans for the second half of 2021-2022. ***Note that Powys HB have opted to retain their share (£0.263m) of the forecast NHSE ERF over performance provision and will direct to providers through WHSSC when the activity materialises.***

### 11.3 Residual Risks and Uncertainties

The impact of COVID-19 on specialised services delivery remains subject to uncertainty with significant differences between services:

- **Contracting frameworks** – at this point no decision has been taken on whether contracting frameworks will return to their previous structures or at what point any return may happen. A continuation of block contracting would result in decreased value for money and would not provide the right incentive for delivery. Whilst provider HB plans for the second half of 2021-2022 mostly predict a return to contract levels this will take significant improvements in performance to achieve and sustain.

- **Rate of recovery** – the timing of recovery to full operating activity levels is uncertain at this point. Whilst it is reasonable to assume that this will happen during 2022-2023 the pace of return may vary by provider and specialty. Specialised services with high elective components are currently lagging behind and some services remain lower in the clinical priority order despite excess waiting times – examples include paediatric surgery and plastic surgery.

- **Operating efficiency** – the post-COVID-19 operating environment will have had some longer term impact on efficiency and throughput. It is unclear the extent of this impact and whether it will impact on contract prices.

- **System capacity** – an additional risk for 2022-2023 will be the risk of a further backlog or service interruption caused by severe winter pressures on top of an already high level of system pressure going into the winter.

- **Demand backlog** – there is uncertainty as to the scale of the demand backlog and at what pace demand will present at historic levels. Detailed monitoring of the waiting list position indicates that new demand has not yet returned to pre-COVID-19 levels in a number of key specialties but is increasing. It is likely that waiting lists will continue to fluctuate being sensitive to both delivery changes and referral volatility.

- **New medicines backlog** – there continues to be uncertainty regarding the rate at which the medicines approval backlog will clear through the system and how approvals will be prioritised by regulators. This will have an impact on specialised services for AMTPs, high cost medicines cancer therapies and additional genetic testing.

- **Innovation pace** – the pace of innovation in specialised services both in therapeutics and services will continue at a higher rate than general services. However, the ability of the delivery system to be able to prioritise these new and emerging service will continue to be limited by recovery pressures.

- **Collective commissioning services** – during 2021-2022 HBs have identified a range of existing services they would like WHSSC to commission. These are summarised in the 'potential new services' section of the ICP. They include Paediatric Orthopaedics and Spinal Surgery. The rationale to ask WHSSC to commission includes the need to agree necessary investment and stabilisation of these services. HBs will need to be clear on their respective priorities for these services and allocate appropriate investment resources to address the underlying issues.

- **NHSE provider wage award** – if the final net NHS England tariff settlement agreed including the 2022-2023 provider wage award is above 2.8% then it is expected that commissioners will fund from the core allocation uplift with no further central funding. This risk is pertinent to BCU and Powys due to the commissioned flows to English providers.

- **ISP inflationary pressures** – the economic system is currently experiencing a range of pressures including staffing shortages, energy and transporting which is translating into higher inflation indices. There is a risk that inflation provisions will not be adequate to deal with changes in the indices unless the system starts to stabilise. Prices pressures of up to 5% may become more realistic in some areas.

## 11.4 Financial Planning Summary 2022-2023

The financial planning forecast for 2022-2023 is detailed in the table below:

**WHSSC 2022-23 ICP Financial Summary**

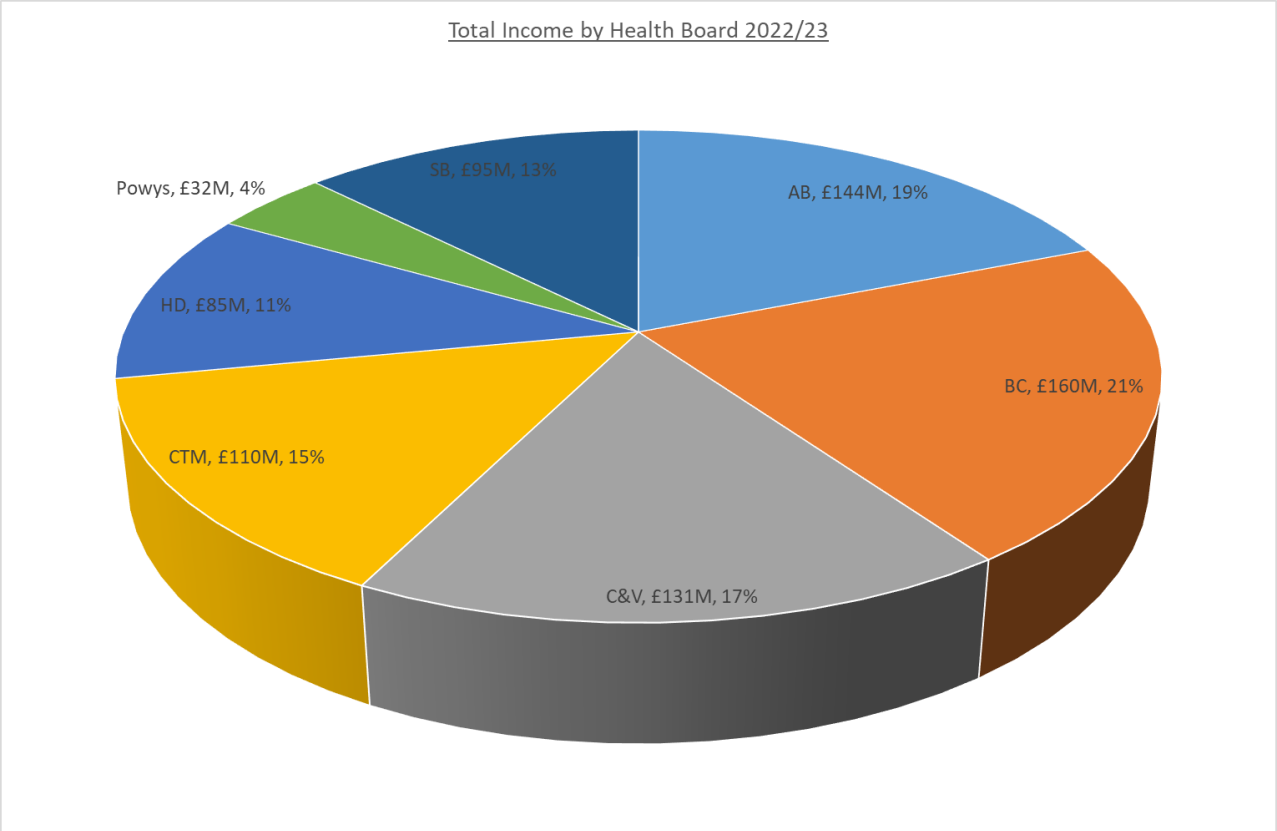
| | Aneurin Bevan UHB £m | Betsi Cadwaladr UHB £m | Cardiff & Vale UHB £m | Cwm Taf Morgannwg UHB £m | Hywel Dda UHB £m | Powys THB £m | Swansea Bay UHB £m | 2022/23 WHSSC Requirement £m |
|---|---|---|---|---|---|---|---|---|
| **2021/22 Closing Income** | 136.045 | 149.083 | 122.980 | 104.236 | 81.251 | 29.942 | 90.359 | 713.897 |
| **Hand back 21/22 NR Recovery Provision** | (0.750) | (0.892) | (0.633) | (0.568) | (0.491) | (0.168) | (0.497) | (4.000) |
| **2022/23 Opening Income** | 135.295 | 148.192 | 122.347 | 103.668 | 80.760 | 29.773 | 89.862 | **709.897** |
| Neonatal Rebasing (2019 - 2021 average) | (0.408) | 0.000 | 0.548 | (0.304) | (0.272) | (0.129) | (0.344) | (0.909) |
| **21/22 Utilisation Adjusted Income Baseline** | 134.887 | 148.192 | 122.895 | 103.364 | 80.488 | 29.645 | 89.518 | **708.989** |
| Recurrent Adjustments | 0.264 | 0.134 | 0.153 | 0.106 | 0.119 | 0.122 | 0.077 | 0.975 |
| **Re-stated Rollover Requirement** | (0.144) | 0.134 | 0.701 | (0.198) | (0.153) | (0.007) | (0.267) | 0.066 |
| Full Year Effect of Prior Approved Commitments | 0.905 | 0.399 | 1.051 | 0.740 | 0.463 | 0.129 | 0.464 | 4.152 |
| Unavoidable Growth & Cost Pressures | 0.782 | 0.851 | 0.656 | 0.592 | 0.499 | 0.165 | 0.505 | 4.050 |
| New VBC Workstreams | (0.251) | (0.080) | (0.223) | (0.201) | (0.148) | (0.039) | (0.158) | (1.100) |
| **Underlying Rollover & Growth** | 1.293 | 1.304 | 2.185 | 0.933 | 0.662 | 0.248 | 0.543 | 7.168 |
| **CIAG & Prioritisation Schemes** | 0.263 | 0.191 | 0.240 | 0.196 | 0.143 | 0.044 | 0.164 | **1.240** |
| **Strategic Specialist Priorities** | 0.902 | 0.000 | 0.619 | 0.646 | 0.564 | 0.150 | 0.555 | **3.436** |
| NHS England Provider Inflation | 0.546 | 2.161 | 0.385 | 0.374 | 0.307 | 0.205 | 0.329 | 4.306 |
| NHS Wales Provider Inflation | 2.557 | 1.553 | 2.436 | 2.033 | 1.638 | 0.375 | 1.830 | 12.423 |
| **ICP Investment 2022/23** | 5.561 | 5.209 | 5.865 | 4.182 | 3.314 | 1.022 | 3.420 | 28.573 |
| **Total WHSSC Funding 2022/23** | 140.856 | 153.401 | 128.212 | 107.851 | 84.074 | 30.795 | 93.282 | 738.471 |
| **% Core Uplift Required** | **4.11%** | **3.52%** | **4.79%** | **4.03%** | **4.10%** | **3.43%** | **3.81%** | **4.02%** |
| | | | | | | | | |
| **COVID Recovery & Sustainability Allocation** | 1.208 | 2.852 | 0.912 | 0.865 | 0.377 | 0.146 | 0.340 | 6.699 |
| **% Recovery & Sustainability Uplift Required** | **0.89%** | **1.92%** | **0.75%** | **0.83%** | **0.47%** | **0.49%** | **0.38%** | **0.94%** |
| **Total Funding Requirement** | **6.769** | **8.061** | **6.776** | **5.048** | **3.691** | **1.168** | **3.761** | **35.272** |
| **% Total Uplift Required** | **5.00%** | **5.44%** | **5.54%** | **4.87%** | **4.57%** | **3.92%** | **4.18%** | **4.97%** |

The core components are described as:

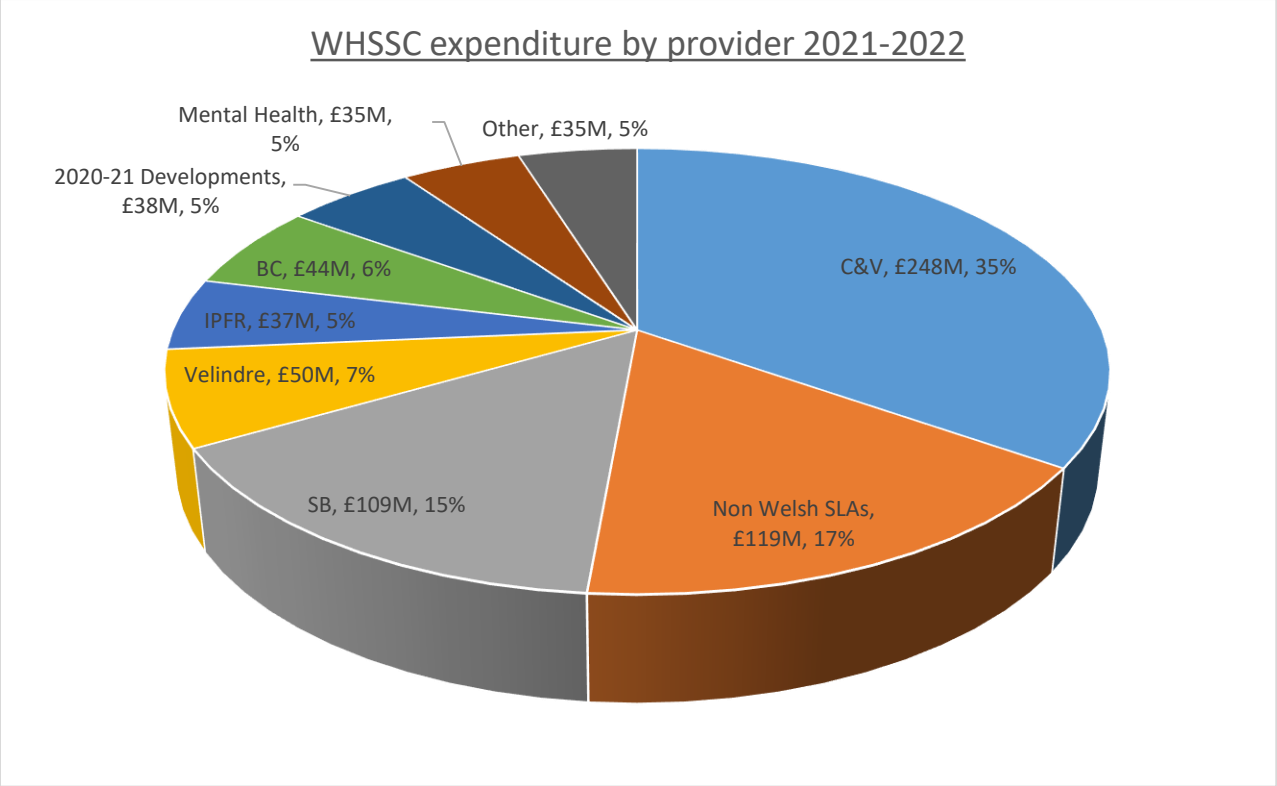
- Opening baseline – the starting point for the budget is the opening agreed budget for 2021-2022 of £713.897m
- The Non-Recurrent COVID-19 recovery provision of £4m from the 2021-2022 plan is released back to commissioners
- Neonatal Rebasing – the reduction in neonatal activity between the current baselines based on a three year average to 2014/15 and the proposed baseline from 2019-2020 and 2020-2021 average activity initially reduces the requirement by £0.909m
- Recurrent adjustments – recurrent performance adjustments to the baseline totalling £3.227m are required. This includes an increase on TAVI baselines to 2021-2022 forecast performance levels and an uplift in the Gender activity baseline at NHS England providers. A revised under performance provision of £2.25m has been included to net the total adjustment down to £0.975m
- Full year effect of prior year commitments – the impact of these commitments is £4.152m
- Unavoidable growth and cost pressures – the impact assessment totals £4.050m
- New value based work streams – the net cost is offset by value-based schemes totalling £1.1m. This excludes provider efficiency requirements

- CIAG and prioritisation requirements – the cost of CIAG and prioritisation schemes is £1.544m comprised of £0.927m high priority CIAG schemes and £0.617m prioritisation schemes
- Strategic provision for the Paediatric Services Strategy, Major Trauma and Neonatal cot configuration is made, with a first year provision totalling £3.436m
- Provider inflation provision – provisional provider inflation has been provided for in line with the core allocation uplift of 2.8%, totalling £4.306m for English providers and £12.423m for Welsh providers
- The Planned and Unscheduled Care Sustainability routed through WHSSC for 2022-2023 amounts to £6.699m.

The additional £35.272m investment by each HB is shown in the ICP summary above. The contribution by HB towards the total plan is shown below. BCUHB make the biggest contribution (21%) and Powys the smallest (4%) in line with utilisation and population.




WHSSC's expenditure by provider is shown in the table below. Cardiff provides 35% of specialised services with 17% being provided outside Wales. SBUHB is second largest Welsh provider.



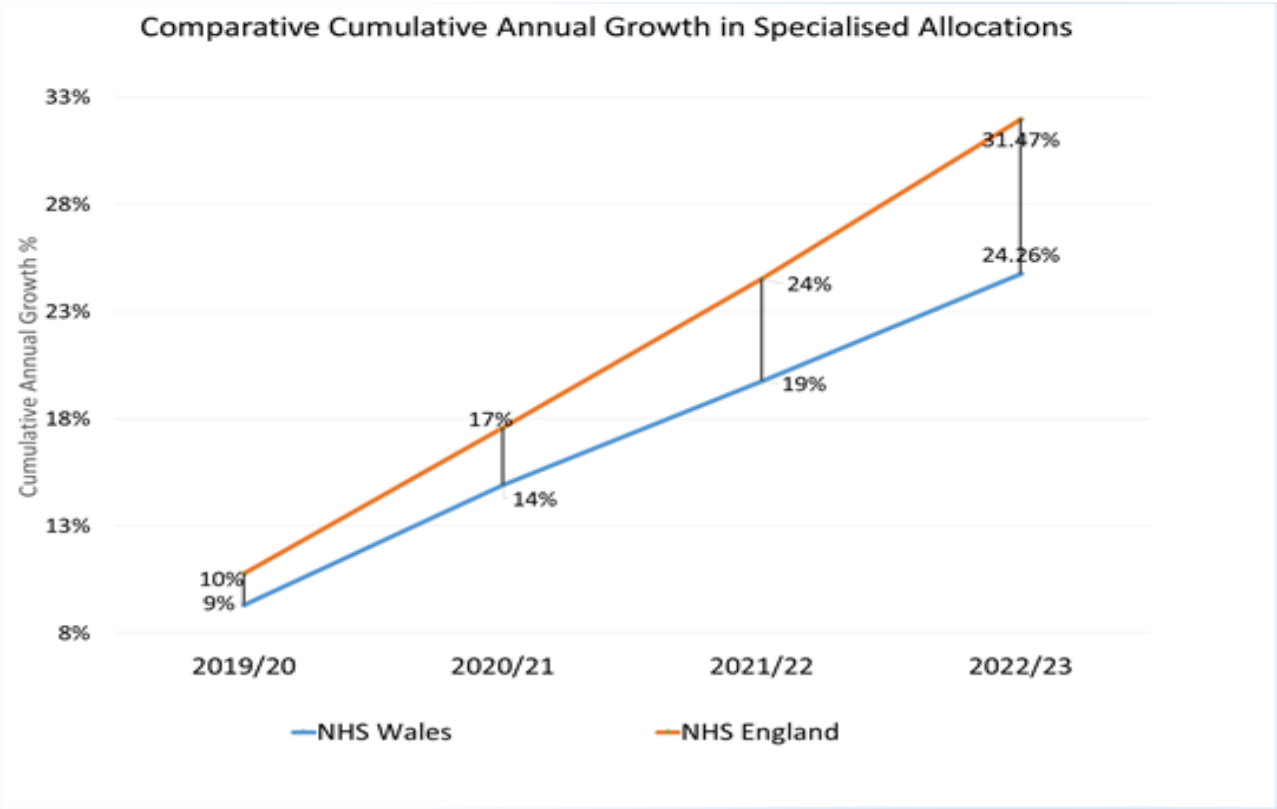

A detailed Financial Plan is attached in Appendix D

**11.5 Specialised Services Allocation Context**

Over recent years the ICP has tracked Welsh Specialised Services allocation growth against the published NHS England clinical commissioning group planned specialised allocations.

This analysis identified that the NHS Wales Specialised allocation growth lagged behind NHS England by > 8% over the five year period, which is equivalent to a recurrent funding gap of approx. £50million if Wales was on parity with England. A number of reforms to the English payment by results system, the 2018 pay deal and subsequent cross border central funding settlements have improved the historic growth differential by £15 million for 2019-2020 allocations levels.

Revisiting this analysis from a starting point of the finalised 2019-2020 allocations, which includes recurrent uplifts for HRG4+ and the wage award. This illustrates that if the current 2022-2023 requested ICP uplift of 5% is approved, then the cumulative Welsh specialised growth over the last four years still lags the current NHS England published allocation growth by more than 7%.




The Welsh comparator figures includes significant top sliced investments in the genetic test directory, genomic precision medicine strategy and the 2020-2021 commissioner investments in Mechanical Thrombectomies and Advanced Therapeutical Medicinal Products baselines.

| | Finalised Growth | | | Published Planned Growth | |
|---|---|---|---|---|---|
| | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
| NHS Wales Specialised Services | 8.81% | 5.60% | 4.85% | 5.00% | TBC |
| NHS England Specialised Services | 10.29% | 6.79% | 6.95% | 7.44% | 7.68% |

The current identified differential in investment could widen further if future years ICP investment does not keep pace with NHS England planned growth levels for 2023-2024 of above 7.5%.

## 12.0 CONCLUSION

This three year ICP presents the WHSSC ambition for its duration. It reflects a strong commitment to continuing to work with and behalf of the seven HBs to plan, commission and ensure delivery of Specialist Services for the Welsh population through the implementation of this 2022-2025 plan.