

**Unconfirmed Minutes of the
WHSSC Joint Committee Meeting held **In Public** on
Tuesday 19 March 2024
via MS Teams**

Members:

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| Kate Eden | (KE) | Chair, WHSSC |
| Dr Sian Lewis | (SL) | Managing Director, WHSSC (up until 8:45am) |
| Carole Bell | (CB) | Director of Nursing & Quality |
| Carolyn Donoghue | (CD) | Independent Member, WHSSC |
| Iolo Doull | (ID) | Medical Director, WHSSC |
| Richard Evans | (RE) | Interim Chief Executive Officer, Swansea Bay UHB |
| Dr Philip Kloer | (PK) | Interim Chief Executive Officer, Hywel Dda UHB |
| Paul Mears | (PM) | Chief Executive Officer, Cwm Taf Morgannwg UHB |
| Chantal Patel | (ChP) | Independent Member, WHSSC |
| Suzanne Rankin | (SR) | Chief Executive Officer, Cardiff and Vale UHB |
| Carol Shillabeer | (CS) | Chief Executive Officer, Betsi Cadwaladr UHB |
| Nicola Prygodzicz | (NP) | Chief Executive Officer, Aneurin Bevan UHB |
| Steve Spill | (SS) | Independent Member, WHSSC |
| Hayley Thomas | (HTh) | Interim Chief Executive Officer, Powys tHB |
| Stacey Taylor | (ST) | Director of Finance and Information, WHSSC |

In Attendance:

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| Claire Harding | (CH) | Assistant Director of Planning, WHSSC |
| Nicola Johnson | (NJ) | Director of Planning & Performance, WHSSC |
| Jacqui Maunder-Evans | (JME) | Committee Secretary & Associate Director of Corporate Services, WHSSC |
| Helen Tyler | (HT) | Head of Corporate Governance, WHSSC |
| Nick Wood | (NW) | Deputy Chief Executive NHS Wales, Health and Social Services Group, Welsh Government |

Observing:

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| Matthew Hall | (MH) | Assistant Director of Finance & Commissioning, Cardiff & Vale UHB |
| Nerissa Vaughan | (NV) | Interim Director of Strategy, Swansea Bay UHB |
| Stephen Powell | (SP) | Director of Performance and Commissioning, Powys tHB |

Apologies:

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| Ian Phillips | (IP) | Independent Chair, Welsh Kidney Network (WKN) |
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Minutes:

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| Helen Tyler | (HT) | Head of Corporate Governance, WHSSC |
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| Min Ref | Agenda Item |
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| JC24/029 | <p>1.1 Welcome and Introductions</p> <p>The Chair welcomed Members in Welsh and English and advised that it was the last WHSSC Joint Committee (JC) meeting before the new NHS Wales Joint Commissioning Committee (JCC) will be established on 1 April 2024. The Chair reminded Members of the purpose of the JC and the WHSSC values of respect, partnership, improvement and innovation. The Chair welcomed the observers as listed above.</p> <p>There were no objections to the meeting being recorded for administrative purposes. It was noted that a quorum had been achieved.</p> |
| JC24/030 | <p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted and listed as above.</p> |
| JC24/031 | <p>1.3 Declarations of Interest</p> <p>The JC noted the standing declarations and it was recognised that each HB CEO had an interest in the Integrated Commissioning Plan (ICP) agenda item and the Chair advised that this will be formally noted and recorded in the minutes, and that as Joint Committee members all attendees should participate fully in the Joint Committee's discussion and decision.</p> <p>There were no other declarations of interest made relating to the other items for discussion on the agenda.</p> |
| JC24/032 | <p>1.4 Minutes of the meeting held on 30 January 2024 and 27 February 2024 Matters Arising</p> <p>The minutes of the JC meetings held on 30 January 2024 and 27 February 2024 were received and approved as a true and accurate record of discussions.</p> <p>There were no matters arising.</p> |
| JC24/033 | <p>1.5 Action Log</p> <p>The action log was received, and members approved the closure of the completed actions, and noted that one action concerning the South Wales trauma Network DAG update on the TARN database will be captured in the action log for the new JCC.</p> |
| JC24/034 | <p>2.1 & 3.1 Integrated Commissioning Plan (ICP) 2024-2025</p> <p>The report and presentation presenting the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government (WG) in line with NHS Wales planning requirements was received.</p> |

Stacey Taylor (ST) presented the recommendation of an average 4.45% allocation uplift across Health Boards (HBs) and explained that this comprised of the following:

- 2.5% to manage recurrent demand and unavoidable cost growth,
- 0.05% to fund thrombectomy JC approval (phased into Q4),
- 0.09% to fund patient safety schemes (phased into Q4),
- (1.25)% savings target (3% influencible spend),
- 3.2% pass through on non-pay spend only for NHS Wales (approx. 35% contract spend); and
- 3.2% pass through activity and price growth in NHS England, Mental Health, and non-contract activity.

ST provided an update on the planning and engagement undertaken to develop the ICP over the last 12 months, and the additional work undertaken since the JC meetings held on 30 January 2024 and 27 February 2024 to refine the plan.

ST outlined the financial plan principles which included reference to the WG letter which provided clarity on the allocation uplift and Long Term Agreement (LTA) pass through.

Members noted the Chief Executive Officers (CEO) request following the previous two JC meetings for options and choices that could reduce the financial forecast. The key areas for consideration included:

- A review of the non-recurrent issues from 2023/24 which was in excess of £20m. The non-recurrent underperformance areas should be reviewed based on a potential decision to hold the activity levels at 2023/24,
- An assessment of non-recurrent opportunities for 2024/25 given previous experience,
- Further savings opportunities to demonstrate 2% total savings as a minimum consistent with expectations set out in the allocation letter,
- Further review of the Clinical Impact Assessment Group (CIAG) schemes and cost pressures; and
- Policy choices and impact developed this year for consideration.

Nicola Johnson (NJ) highlighted that the ICP presented for approval was a minimal investment plan, based on robust prioritisation and evidence and quality assessments. The plan was also based on a balanced assessment of risk, pressures and savings opportunities with in year risks being managed within existing commissioning budgets and high complexity/spend being presented to JCC. NJ summarised the investment, policy and access choices previously worked through and agreed.

ST outlined the financial choices following discussions with the NHS Wales Directors of Finance (DoF) peer group. The committee supported the work that ST outlined on the core baseline recurrent uplift review and the rephrasing of the minimal investment into the last quarter of 2024/25, reducing the overall core requirement after savings to 2.63% uplift and a 1.25% savings requirement overall.

Furthermore, the committee then discussed a recommendation on the remaining affordability of the non-pay inflator uplift, and ST outlined the three choices that had been discussed with DoFs. Members noted:

- A 3.67% pass through non pay inflator to providers on the WHSSC baseline and an increase of the savings target by an additional £7.5million (would equate to a 2% overall savings target). When this option was discussed with the DoFs group the response to this proposal was that this would create too much volatility in the system for next year as there would be uncertainty in the provider deliverability at this planning stage. The committee acknowledged that delivery of a savings quantum beyond the £10million savings target proposed would be difficult to achieve in a commissioning organisation,
- The second option put forward was based on a total WHSSC an uplift of only 3.67% and therefore after the core uplift, would provide an up to 1.1% pass through from commissioners to Welsh LTA prices for providers. The discussion at the DoFs was that this was not consistent with the recent WG direction and the letter issued from the Director of Finance for Health & Social Services Group at WG. The deliverability of this was also questioned as there was a lot of risk on commissioner organisations in respect of the English activity, Mental Health activity and individual patient care activity. This proposal also lacked DoF support; and
- The third and final option and the one being put forward to JC for approval was a 3.2% pass through from commissioners to providers for non-pay LTA price inflation only, which consisted of approximately 35% of the WHSSC NHS Welsh provider spend. This would acknowledge growth in the baseline position would also be funded from the 3.67% and WHSSC would only pass through a non-pay inflator on non-pay elements at 3.2% that is consistent with the work of Deputy Directors of Finance and Health Board planning assumptions on non pay inflationary growth principles. Overall this reduced the WHSSC plan by around £10 million.

The financial plan summary was presented which provided the financial breakdown based on this third option. This information had been shared with HBs.

Nicola Prygodzicz (NP) acknowledged the extensive and additional work undertaken to reach this position and advised that it was challenging to juggle all of the different components of the plan. NP advised that none of the elements were affordable, however there was a need to be pragmatic and that it was a riskier plan than JC members were accustomed to.

NP queried two areas:

1. Recurrent underperformance and whether there was further scope within this to maintain activity to 2023/24 outturn and;
2. Whether there remained further choices that could be made around policies and/or commissioning decisions.

NP advised that the ABUHB position on the Clinical Impact Assessment Group (CIAG) included an investment in Major Trauma that NP did not support and clarified that this would still need to go through approval processes and was subject to further discussions. NP also commented that from an ABUHB perspective it was a pragmatic approach on the LTA pass through and in keeping with the direction included in the Welsh Government letter.

Carol Shillabeer (CS) thanked colleagues for the additional work undertaken and noted the variance between the different HBs contribution as the BCUHB contribution was over 5%. CS queried what further in-year policy work could be undertaken in parallel with HBs during this period on financial instability as there will need to be an agile and flexible approach to delivery of the plan to respond to further in year pressures.

Hayley Thomas (HTH) echoed the points from NP and CS and agreed that policy choices would need to be revisited in order to support the overall affordability of the plan. HTH commented that the ability to submit a supportable plan to WG was a challenge for each HB and this plan would require further in year work to address further options and choices to improve the affordability.

ST thanked members for their comments and clarified the non-recurrent underperformance assumption and explained that a robust assessment had been undertaken. ST explained that there was a significant amount of one-off cases this year related to drug prices and patients who had taken up drug trials that had contributed to the underspend. These had all ceased and were being managed and balanced through the position. WHSSC will continue to look for further opportunities next year and ST re-assured JC members that this work had been undertaken and included alongside an assessment of the savings risk but similar levels of one off underspends in certain areas of performance seemed unlikely.

ST advised that the risk share utilisation agreement had not been updated for several years, and had been delayed due to Covid-19. ST advised that going forward there was a need to update it, and that BCUHB were more exposed to NHS England (NHE) activity due to cross border services. ST agreed to work with her team to look at all of the technical efficiency choices and suggested setting up a finance working group for next year.

ST outlined the benefits of setting up a finance working group to update the risk share, understand utilisation and to enact the transfer of services. This would also ensure HBs were closer to the recurrent spend across the year. It was confirmed that whilst the work on reviewing the risk share would commence during 2024/2025 no changes would take place until the following year as this was a complex piece of work. The group could look at the £820million differently, look at services that were no longer classed as specialist and consider relocating them back into HBs, and that there was a need to look at capacity realistically and appropriately.

NJ echoed the comments of ST and assured members that the JCC would remain agile and adopt a flexible approach to delivery of the WHSSC plan over the next 12 months. NJ agreed that work would be undertaken in parallel with HBs on policy. This work would look at sustainability of specialised services across Wales, including consideration of what was feasible for NHS Wales and what needs to be commissioned from NHS England to manage the volatility and instability during the next 12 months.

NJ advised members that the Medicines Management Group within the Medical Directorate would undertake further interrogative work on medicines management and optimisation.

Phillip Kloer (PK) acknowledged the additional work undertaken over the last 6 weeks, questioned whether there were any other in-year choices that could be looked at. ST explained that despite reporting the WHSSC financial position at JC meetings, when in depth discussions had taken place around the recurrent position it had become apparent that more work was needed to help members understand what the recurrent position looked like and this may involve HB to HB discussions on their individual commissioning positions which flowed through to the provider positions.

The choices for next year relate to decisions on whether we should be commissioning differently. ST explained that this will carry a degree of risks and she expects challenges from providers on deliverability.

NJ referred PK to the presentation slide on the choices that had been made for this year. NJ commented that further policy work would also be undertaken in conjunction with the Medical Directorate to re-visit any further in year opportunities such as reviewing access criteria.

Suzanne Rankin (SR) thanked colleagues for the additional work undertaken and reminded JC members that a number of specialised services were already unsustainable. SR also noted that there were a number of specialised services that were not currently commissioned and she questioned whether these could be commissioned without proper arrangements. Further risk had been built into the plan which will impact on patients such as delays in achieving waiting times targets and Ministerial measures as well as the phasing of CIAG schemes into Quarter 4. SR explained that the biggest strategic concern was the viability of specialised services in Wales as these decisions would lead to the need to purchase more from England. SR advised that when purchasing from England we had less influence over the costs. SR recognised the need for a plan that responded to the financial pressures but she also emphasised the need to take the opportunity that the new JCC presents to have discussions on the future delivery of a Specialised Services Strategy for Wales.

The Chair noted these concerns and explained that the JC had had a number of discussions around the rate of investment in specialised services in Wales in comparison to England over the years.

Nick Wood (NW) reiterated SR's comment on the sustainability of specialised services. NW drew members' attention to how this related to patient experience and the growing waiting times. Whilst the plan required a collective approach the future does need careful consideration and work will be required on the fragility of some of these services, the quality and how we can make services much more effective and efficient. The decision taken today should be the starting point for a bigger strategic piece of work on the future delivery of specialised services across Wales.

KE suggested that this strategic vision and aspiration should be captured in the WHSSC legacy statement.

NP welcomed further discussions and gaining a better understanding of specialised services with this further work being undertaken in parallel with HBs.

Richard Evans (RE) thanked colleagues for the additional work and echoed the concerns raised by SR and NP. RE reiterated that service fragility was a major issue and welcomed increased visibility on

accessibility and outcomes from specialised services. RE commented that new investments can sometimes overshadow existing services and there may be assumptions that what is already being provided is good.

Paul Mears (PM) agreed with NP on the need for a joint piece of work on a longer term strategy for specialist services and developing this collaboratively with HBs and the new JCC.

The Chair summarised the position and advised that following the JC's discussions it was a broadly agreeable plan with 6 of the 7 HBs agreeing it subject to:

- An agile and flexible approach to delivery of the plan over the next 12 months,
- Recognition that they were carrying a degree of risk in the system,
- The need for the JCC team to undertake further interrogative work on medicines management and optimisation,
- A finance working group being set up to ensure HBs were closer to the recurrent spend across the year,
- Work being undertaken in parallel with HBs on policy and looking at sustainability of specialised services across Wales, including consideration of what is feasible for NHS Wales and what needs to be commissioned from NHS England to manage the volatility and instability for the next 12 months
- The risk share utilisation agreement to be reviewed and updated in conjunction with DoFs; and
- That the new JCC has strategic discussions on the delivery of the Specialised Strategy for Wales.

SR advised that despite being unable to support the plan from a CVUHB perspective, she recognised the affordability challenges and agreed to work with HB colleagues and the new JCC as a collective to look at the detail that sits behind the plan such as the LTAs and activity.

HTh requested clarification around the timescales for the above mentioned work.

ACTION: A report outlining the timescales for the above pieces of work to be brought to the May 2024 JCC meeting.

SL left the meeting.

The Joint Committee resolved to:

- **Note** the report and presentation; and

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| | <ul style="list-style-type: none"> • Approve the Integrated Commissioning Plan 2024-2025 prior to its submission to Welsh Government. |
| JC24/035 | <p>3.2 Chair's Report</p> <p>The Chair's report was received and members noted:</p> <ul style="list-style-type: none"> • Chair's Action –a Chair's Action was taken on 12 March 2024 to approve expenditure for Advanced Medicinal Therapeutic Products (ATMPs) through the Blueteq High Cost Drugs (HCD) software programme, and a letter was issued JC members on the 12 March 2024 confirming the action taken, • Chair's Appraisal with the Minister - On the 26 February 2024 the Chair met with the Minister for Health & Social Services for her annual appraisal on the objectives set for the remit of the JC, in line with ministerial priorities, and areas where the Minister expected the JC, and the Chair, to demonstrate leadership and strategic direction. Members noted that the Chair's tenure comes to an end on 31 March 2024, • Dr Sian Lewis, Managing Director, WHSSC - Dr Sian Lewis will be stepping down from her role as Managing Director on 28 March 2024. The Chair advised it had been a privilege and a pleasure working with Sian. Her energy, commitment and openness underpinned a strong and effective JC. On behalf of the JC, the Senior Corporate Team and all staff, the Chair expressed her sincerest gratitude to Sian for everything she has achieved, with and for our staff, patients, their families and carers, and our local communities, • Appointment of IPFR Lay Members - The appointment process for the appointment of lay members on to the WHSSC Individual Patient Funding Request (IPFR) panel has been delayed and will commence under the new NHS Wales JCC in Quarter 1 2024-2025; and • Key Meetings. <p>Members extended their thanks to SL for leading WHSSC over the years.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report; and • Ratify the Chairs action taken on 12 March 2024 to approve expenditure for Advanced Medicinal Therapeutic Products (ATMPs) through the Blueteq High Cost Drugs (HCD) software programme. |
| JC24/036 | <p>3.3 Managing Director's Report</p> |

The Managing Director's report was received and members noted the following updates:

- **WHC/2024/005 - Welsh Health Circular - Private Obesity Surgery and the Welsh NHS** - In February 2024, WG published the Welsh Health Circular (WHC) - Private Obesity Surgery and the Welsh NHS. Currently, reliable estimates of the number of patients who are likely to request a follow-up are not available, however we know that approximately one third of surgical procedures carried out in the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) for patients in South Wales are emergency band removal procedures for patients who have previously undergone treatment in the private sector. Therefore, it is possible that this could have a significant impact on NHS pre-operative and post-operative service capacity,
- **Gender Identity Development Services (GIDS)** - An update on developments in Gender Identity Development Services (GIDS) in NHS England (NHSE), including the approach to the prescribing of Puberty Suppressing Hormones was given,
- **South Wales Major Trauma Network Gateway Review** - The South Wales Trauma Network (SWTN) was launched on 14 September 2020 to care for adults and children across South and West Wales and South Powys who had suffered a major trauma. On 7 March 2024, the Stage Gate Assessment of the South Wales Trauma Network was reported to the SRO for the programme and was given a green assessment rating which is a significant achievement which should not be underestimated for such a young network. The report will be shared at the SWTN Governance Group scheduled in March 2024 for information, with a view to developing an action plan to address the recommendations in readiness for the SWTN Clinical & Operational Board (COB) in April 2024,
- **Cardiac interventions in Wales: A comparison of benefits between NHS Wales' specialties - Published Article (PLOS ONE)** - WHSSC in collaboration with the cardiac network and the Secure Anonymised Information Linkage (SAIL) databank in Swansea have undertaken a study aimed at assessing if specialised healthcare service interventions in Wales was benefitting the population equitably in work commissioned by the WHSSC. The findings of the study were published on PLOS ONE in February 2024; and
- **NHS Wales Joint Commissioning Committee Implementation** - Further to the report presented to the Joint Committee on 30 January 2024 concerning the business continuity risks for specialised services commissioning associated with the establishment of the new NHS Wales Joint

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| | <p>Commissioning Committee (JCC) on 1 April 2024, the recent appointment of an interim Tier 1 Chief Commissioner was a positive step forward, however concern remained regarding the Mental Health portfolio of the new JCC concerning the ICP and quality issues which will be factored into the risk register.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report. |
| JC24/037 | <p>4.1 Any Other Business</p> <p>The following items of additional business were raised:</p> <ul style="list-style-type: none"> • Annual Committee Effectiveness Survey – members noted that the annual committee effectiveness survey would be issued to all members after the meeting and would focus on the work of the WHSSC Joint Committee only, and not the sub-committees. The feedback will support developing the new JCC; and • Farewell from the Chair of WHSSC – members noted that it was the Chair’s last meeting as Chair of WHSSC, and the Chair advised that it had been a privilege to work for WHSSC for the last 4 years, working with expert and dedicated professionals to deliver high quality specialised services for Wales and also gave a thanks to the Independent Members (IMs) for supporting the work of WHSSC. <p>KE reflected on the positive work undertaken as an evidence based commissioner and noted that this work had made a real difference to patients in Wales through securing new treatments and services in specialised centres and as close to people’s homes as possible. Despite this, there had been some very difficult conversations and KE expressed her disappointment that improvements in services for women and children which included neonatal, maternity and paediatric services have not been achieved. Opportunities to improve these services had not been taken and she hoped that progress will be made in these areas in the new JCC with open discussions taking place around the services that could be offered and the standards to be aspired to.</p> |
| JC24/038 | <p>4.2 Date of Next Meeting (Scheduled)</p> <p>The JC noted that the next scheduled meeting would be the NHS Wales JCC meeting scheduled to be held on 3 April 2024.</p> |
| JC24/039 | <p>4.3 In Committee Resolution</p> <p>The Joint Committee recommended to make the following resolution: “That representatives of the press and other members</p> |

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| | of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)“. |
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Chair’s Signature:

Date:.....

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