



<b>Agenda Item</b>
2.2

**Joint Commissioning Committee**

**Interim Chief Commissioners Report**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	17/09/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Jacqui Maunder, Committee Secretary
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Abigail Harris, Interim Chief Commissioner
<b>Noddwr yr Adroddiad / Report Sponsor</b>	Choose an item.

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)</b>		
<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
n/a		Approved

<b>Acronyms / Glossary of Terms</b>	
JCC	Joint Commissioning Committee
ICP	Integrated Commissioning plan
IMTP	Integrated Medium-Term Plans
EASC	Emergency Ambulance Services Committee
DBS	Deep Brain Stimulation
WHSSC	Welsh Health Specialised Services Committee
NBNHST	North Bristol NHS Trust
UCLH	University College Hospital London
MH	Mental Health
LD	Learning Disability
VG	Vulnerable Groups
HTW	Health Technology Wales
ATMP	Advanced Therapeutic Medical Products

## **1. SITUATION/BACKGROUND**

The purpose of this report is to provide Joint Commissioning Committee (JCC) members with an update on key issues that have arisen since the last JCC meeting which took place on 16 July 2024.

### **1.1 Background**

The JCC is progressing with Quarter 2 plan to fully establish the JCC and the JCC team. Good progress is being made on this and on the delivery the Integrated Commissioning Plans (ICPs), although the financial position remains an area of focused activity. This report highlights a number of key issues to bring to the JCC's attention.

## **2. ASSESSMENT**

### **2.1 Integrated Medium-Term Plan (IMTP) 2024-27: Accountability Conditions**

On 9 August 2024 a letter was received from the Director General Health, Social Care and Early Years Group / NHS Wales Chief Executive at Welsh Government informing us that the Integrated Commissioning plan (ICP)/Integrated Medium-Term Plans (IMTP) submitted by the former Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC) on the 31 March 2024, together with the Ministerial priority templates, have been assessed as satisfactory. This recognises the development of integrated planning, against the current challenges and management of risks. The letter is presented at **Appendix 1** for information.

### **2.2 Update on JCC transition – Q2 progress and plan for 2024/2025**

Overall good progress has been made in the first five months since the establishment of the JCC. During Q2 significant work has been undertaken to finalise the arrangements for the sub-committee structure for the Joint Committee. There are separate reports on the governance framework and an update on progress so far, including the development of Vision, Mission and Values, and future transition plans on the agenda for the Joint Committee's consideration and approval.

In addition, I am pleased to confirm the appointment of two new Directors to bring the Tier 2 Director structure to completion:

- Ross Whitehead has been appointed as the Director for Commissioning Ambulance and 111, and was previously the deputy Chief Ambulance Services Commissioner with EASC; and
- Melanie Wilkey has been appointed as the Director for Commissioning Specialised Services, who will be joining us from CVUHB.

## **2.3 Health and Social Care Committee – Final Report – Welsh Ambulance Service Trust (WAST)**

On 15 May 2024, the Health and Social Care Committee held a general scrutiny session with the Welsh Ambulance Services University NHS Trust's (WASUNT) Chief Executive, Chair and the Executive Director of Paramedicine to examine the role of the ambulance service within the healthcare system in Wales. This session was part of the Committee's on-going consideration of factors influencing patient flow through hospitals.

The Final Report has been published and is attached as **Appendix 2**. The recommendations within the report are:

- The pressing need to improve performance at emergency departments to enable more timely and efficient patient handover
- The Welsh Government (WG) and the JCC should assess the red response target (that 65 per cent of life threatening calls receive an emergency response within 8 minutes) to provide assurance that it continues to be appropriate
- The Welsh Ambulance Service, the WG and the JCC should set out how the impact of the re-positioning of Welsh Ambulance Service, which will see changes to the way it manages activity and introduces a clinical intervention and assessment much earlier in the patient's journey
- The Welsh Ambulance Service should be represented on all Regional Partnership Boards (RPBs) and should be a full and active participant
- The Welsh Ambulance Service should, in twelve months' time, provide an update on progress with its plans to improve its oncology performance
- The Welsh Ambulance Service should, in twelve months' time, provide an update on progress with the strategy review for non-emergency patient transport and a demand and capacity review
- The Welsh Ambulance Service should provide an update, in twelve months' time, on progress with its programme of improvements for the culture of its workplace.

There are no significant risks to be noted here. The Final Report will be considered, and a detailed report will be brought back to a future Joint Committee meeting.

## **2.4 Deep Brain Stimulation (DBS) Service**

Colleagues will be aware that there is a temporary service change in place with regards to referrals to North Bristol NHS Trust (NBNHST).

We are pleased to confirm that colleagues within the JCC and within NBNHST are working to agree how we might re-open the pathway there as we work more closely together over coming weeks/months.

In the meantime, therefore, we have secured a temporary pathway for patients waiting, with University College Hospital London (UCHL) in partnership with Cardiff and Vale University Health Board (CVUHB).

The pathway that has been agreed enables the necessary tests prior to surgery and any follow up work to be delivered by staff in CVUHB, and through their partnership with the Cardiff University Brain Research Imaging Centre (CUBRIC). The actual DBS surgery will be undertaken in UCHL.

There are currently 17 patients awaiting referral, and these patients will start to be seen in Cardiff from September, and by UCHL by Christmas 2024. Our aim is to ensure that patients receive high quality care and treatment that is tailored to their particular needs.

## **2.5 Single Commissioner for Mental Health**

The Single Commissioner project for Secure Care has been extended to April 2026. This will allow us to reflect on the feedback from Health Boards (HBs) and ensure clarity on medium and low secure services through a nationally agreed service specification. During this period, we will reflect on whether we can achieve a more coordinated national response and better outcomes for patients through other means rather than direct commissioning such as more coordinated collaborative working.

## **2.6 North Wales Mother and Baby Unit**

Further to the update given on the 16 July 2024, the development of the new Mother and Baby Unit (MBU) unit in Chester the Mental Health (MH), Learning Disability (LD) & Vulnerable Groups (VG) team met with the Cheshire and Wirral Partnership Trusts (CWPT) senior management and clinical team at the proposed site. The original completion date was summer of 2024 but the new provisional operational date is 15 August 2025. The delay is due to contractor procurement.

Provisional work has already begun on the site and, although the final sign off from the Trust Board to proceed is not until 27 September 2024, the Trust consider the option not to proceed to be 'very low'. There are no implications of this delay in terms of costs beyond the payment for two beds at 2024/25 prices as previously agreed. In regards Welsh language the signage within the building will be bi-lingual as will all information leaflets. The service is actively trying to recruit Welsh language speakers and will offer recruitment opportunities for staff who live in Wales.

The notice to proceed is due on 28 September 2024. The JCC MH, LD & VG team will continue to hold two monthly progress meetings with CWPT. The JCC team will continue to work in partnership with the clinical team in Betsi Cadwaladr University Health Board (BCUHB) and with the HB to ensure engagement with persons with lived experience from North Wales

## **2.7 Cardiac Review Phase 2**

The outcomes of Phase 1 of the JCC Cardiac Review, which sought to re-baseline the South Wales cardiac surgery and TAVI contracts and assess the extent to which the TAVI policy remained both adhered to and apposite, were reported to the WHSSC Joint Committee in January 2024.

The JCC has subsequently commenced Phase 2, which will deliver demand and capacity planning, informed by a population needs assessment and concluding with an options appraisal that establishes the preferred future service configuration of WHSSC-commissioned cardiac surgery and TAVI activity, as well as the development of a new cardiac surgery service specification.

To date, the JCC has commissioned Public Health Wales (PHW) to develop projections for cardiovascular disease in Wales and the Centre for Healthcare Evaluation (CEDAR) to undertake a rapid evidence review of Ischaemic Heart Disease, and has reviewed a significant amount of data from its own contract monitoring and the National Adult Cardiac Surgery Audit (NACSA). These submitted reports and analysed data have indicated that there is little evidence to challenge the assumption that the volume of cardiac surgery required by South Wales patients will remain the same or potentially decrease and that it is highly probable that demand for TAVI will continue to increase, but that there may be a significant shortfall between interventions undertaken for severe Aortic Stenosis and estimates of potential demand.

Pending these findings being used to inform the planned demand and capacity modelling, CVUHB and SBUHB submitted a proposal that the HBs, working in partnership through the Regional and Specialised Services Provider Planning Partnership (RSSPPP) and in partnership with the JCC, would develop a demand and capacity plan in response to the aforementioned cardiovascular disease projections and evidence review, culminating in the development of a proposal for a future service configuration in response to the commissioning service specification developed by the JCC. Following discussion, this proposed collaborative approach has been endorsed by the JCC Chief Commissioner and will be discussed at the September meeting of the RSSPPP.

In order to ensure that the exercise is subject to appropriate governance and oversight and mindful of the need for the commissioning of cardiac surgery and TAVI to remain in the purview of the JCC, the exercise will be led by a Programme Board that will report directly to the JCC, with the Board chaired by an independent Senior Responsible Owner (SRO). The SRO who will be directly accountable for the programme meeting its objectives, delivering the required outcomes, and realising the required benefits. Membership of the Programme Board will be reflective of the planned tripartite approach and heedful of the need for Commissioner HBs to be adequately represented. Although the RSSPPP proposal has outlined the Programme’s resource requirements (including a full-time Programme Manager), discussions concerning the source of the required financial support are ongoing at the time of writing.

<b>Objectives / Strategy</b>	
<b>Dolen i Nod(au) Strategol CBC /Link to JCC Strategic Goal(s)</b>	Not Applicable
	The JCC was established on 1 April 2024. Draft Strategic Objectives are

	being presented for approval at the Sept Joint Committee Meeting.
<b>Dolen i Feysydd Strategol CBC /Link to JCC Strategic Areas</b>	Not Applicable
	Draft Strategic Objectives are being presented for approval at the Sept Joint Committee Meeting.
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies, please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / <b>Link to Enablers of Quality</b> ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Leadership
	If more than one applies, please list below:
<b>Dolen i Feysydd Ansawdd</b> (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / <b>Link to Domains of Quality</b> ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Effective
	If more than one applies, please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies, please list below:

Impact Assessment		
<b>Ansawdd</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / <b>Quality</b> Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	n/a
<b>Cydraddoldeb</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / <b>Equality</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	

Have you undertaken an Equality Impact Assessment Screening?		
<b>Cyfreithiol / Legal</b>	<a href="#">National Health Service Joint Commissioning Committee (Wales) Directions 2024</a> <a href="#">National Health Service Joint Commissioning Committee (Wales) Regulations 2024</a>	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Local Health Boards or the Joint Committee as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> (Pobl / Ariannol) / <b>Resource Impact</b> (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

### 3. RECOMMENDATIONS

The JCC is asked to:

- **Note** the report.