

CORE BRIEF TO SPECIALISED SERVICES MANAGEMENT GROUP MEMBERS

MEETING HELD ON 28 NOVEMBER 2024

This briefing sets out the key areas of discussion and decision. It aims to ensure the Specialised Services Management Group (MG) members have a common core brief to disseminate within their organisation.

1. Welcome and Introductions

The Chair welcomed members to the meeting noting the apologies.

2. Action Log

Members received an update on progress against the action log and noted the updates.

3. Joint Commissioning Committee Transfer of Service – Velindre Non-Specialist Services and National Institute for Health and Care Excellence Drugs

Members received a report proposing the completion of the transfer of funding from the Joint Commissioning Committee (JCC) to Health Boards (HBs), in relation to Velindre non-specialist services and National Institute for Health and Care Excellence (NICE) drugs, as agreed in principle in 2019/20.

The report had been discussed at the Finance Working Group on 14 November 2024 and the remaining issues were discussed and resolved. The recommendations were approved subject to final confirmation of the figures outlined in the report.

Members (1) **supported** the full transfer of funding from the Joint Commissioning Committee (JCC) back to Health Boards (HBs) in relation to non-specialist services and NICE drugs spend through Velindre, as per the calculations in Appendix 2. This includes the full 2023/24 pay award funding related to these areas, as collected from HBs through the JCC income mechanism, (2) **noted** the historic 15.68% reapportionment of the non-specialist variance is to cease; and (3) **noted** that Health Boards still need to agree a final split in relation to the subsequent rebasing and notify Welsh Government of any allocation adjustment.

4. Commissioning of Highly Specialised Services for Very Rare Diseases

Members received a report providing an update on the steady flow of medicines for very rare diseases in the Health and Care Excellence NICE

appraisal pathway, for which in Wales there is currently no clinical or financial planning, and to request that consideration be given to whether the JCC should be given the task of planning for and commissioning all of the highly specialised services; or whether HBs should take on the commissioning themselves, accepting that most HBs will have 0 or 1 patients.

Members agreed that the JCC should formalise the arrangements to take on responsibility for the commissioning of services for very rare diseases. It was noted that any financial implications would be included in the IMTP and further work to develop a framework would be undertaken.

Members (1) **noted** the report, (2) **noted** the steady flow of medicines for very rare diseases in the NICE appraisal pathway, for which in Wales there was currently no clinical or financial planning; and (3) **considered** and **supported** a recommendation to the Joint Committee on a preferred option for the planning for, and the commissioning of all of the highly specialised services for Wales.

5. Commissioning of Burosumab for X-Linked Hypophosphataemia in Adults

Members received an update on the urgent need to determine responsibility for commissioning Burosumab for adults with X-linked hypophosphataemia (XLH), and to request that consideration was given to the JCC commissioning the service given its medicines optimisation expertise for high cost medicines.

Members supported that the JCC should take on the commissioning responsibility for Burosumab for adults with XLH. This required JCC approval and this would be progressed outside of the meeting. Pending formalisation of the commissioning arrangements, it was agreed that any cases requiring immediate funding would be dealt with as an in-year cost pressure.

Members (1) **noted** the report, (2) **noted** the urgent need to determine responsibility for commissioning Burosumab for adults with X-linked hypophosphataemia (XLH); and (3) **considered and supported** a recommendation to the Joint Committee proposing that the JCC commission the service given its medicines optimisation expertise for high cost medicines.

6. Paediatrics Respiratory

Members received a verbal update and were reminded that in 2022-2023, the paediatrics strategy was signed off and it was the intention for the JC to formally commission the paediatric respiratory service that was currently being commissioned by HB to HB arrangement (with the exception of the JCC commissioning some elements of the pathway). In order to take this forward, the JC worked with CVUHB for submission of a business case which was submitted but significantly over the financial

ask.

Members noted a risk had demerged in relation to consultant demand and capacity and that there has been a specific request to address a short term issue to receive immediate support to recruit two consultants.

Members discussed and **noted** the verbal update and requested this item to be taken back locally to Health Boards for further discussion.

7. Hepato-Pancreato-Biliary Surgery (HPB) Update

Members received a verbal update on Hepato-Pancreato-Biliary Surgery (HPB) that was due to be transferred over to the JCC. To date, this has not been taken forward although it has been reflected in previous Integrated Commissioning Plans (ICPs) as a potential transfer.

Members noted a formal letter was received by the JCC from the Medical Directors from Cardiff and Vale University Health Board (CVUHB) and Swansea Bay University Health Board (SBUHB) to request as a first step for a shared delivery, supported by Chief Executives Management Team, the Regional Specialised Services Provider Planning Partnership with CVUHB and SBUHB, and by HPB Management Board, therefore, this would be taken forward through the Integrated Medium Term Plan (IMTP) process.

Members **noted** the verbal update.

8. Plastic Surgery in South Wales – Use of Additional Funding

This report was withdrawn. The service has made significant improvements in delivering the additional activity for paediatric and Deep Inferior Epigastric Perforator Flap (DIEP). SBUHB was still awaiting to hear from Welsh Government (WG) on confirmation for further funding for the remainder of the breach cohort.

Members **noted** the verbal update.

9. Specialised Services Performance Report November 2024

This report was withdrawn due to a version control issue.

Members **noted** that an updated report would be circulated outside of the meeting.

10. Financial Performance Report Month 7

Members received a report providing narrative to the Month 7 position of JCC for the 2024/2025 financial year reported against the 2024/25 baselines following approval of the WHSSC ICP and EASC IMTP by their respective Joint Committees of the 7 HBs in March 2024.

The MG noted:

- there was a £3.518 million overspend against the ICP financial plan to date, with a forecast year-end overspend of £5.630 million at this point; and

- risks remain around cardiac surgery and TAVI, however there were opportunities that are being considered in the context of residual risk particularly in relation to the funding assumption from Welsh Government in relation to the NHS England CUF update as a result of the NHS England Pay award.

Members **noted** the month end financial position.

11. Integrated Medium Term Plan (IMTP) Update

Members received a presentation providing an update on the progress with developing the Joint Commissioning Committee (JCC) Integrated Medium Term Plan (IMTP) for 2025-28 and immediate next steps.

Members noted that the IMTP will meet all of the requirements as set out in the NHS Wales Planning guidance once received and that the aim was to provide a first draft in February 2025 with a final draft presented in March 2025, with the caveat that a discussion was required with the JCC Chair in relation to this modified timeline.

Members **noted** the presentation.

12. Implementation of Legacy Plans – Quarter 2

A report providing members with an update for assurance against the Q2 deliverables of the extant legacy Plans including WHSSC, EASC and NCCU was received.

Members **noted** the report for assurance on delivery of the legacy Plans at the end of Quarter 2.

13. Draft Terms of Reference for the Collaborative Commissioning Leadership Group (CCLG)

Members received an update on the establishment of the Collaborative Commissioning Leadership Group (CCLG).

The Terms of Reference (ToR) for the CCLG have been drafted in partnership with representatives from the CEO membership of the Joint Committee. The CCLG will be governed and led by the Chief Commissioner, with membership sought from the JCC Senior Leadership Team together with very senior representatives nominated by the health board Chief Executives. Health board Chief Executives have also been asked to nominate representatives from each health board to sit on the CCLG as members.

Pending the establishment of the CCLG, there will be further work undertaken, led by the three Commissioning Directors in the JCC to establish Collaborative Commissioning Groups that would report into the CCLG for:

- Mental Health, Learning Disabilities and Vulnerable Groups
- Ambulance/111
- Specialised Services

Members **noted** the draft Terms of Reference and agreed to send in any feedback.

14. Any Other Business (AOB)

- **Deep Brain Stimulation** - members received an update on the Deep Brain Stimulation (DBS) position advising interim arrangements were now in place, but they were also very close to opening the Bristol pathway back up, which would mean there would be two pathways open. CH noted the JCC would write formally to HBs and Llais to confirm this.
- **Deputy Director of Commissioning, CVUHB** – members noted it was Melanie Wilkey’s (MW) last meeting as a CVUHB representative but confirmed that MW would be joining the JCC as their Director of Commissioning for Specialised Services.