

# WHSSC Commissioned Specialised Services

## Integrated Commissioning Plan

### 2021 - 2022



Final Approved

26th February 2021



Tim Gwasanaethau Iechyd  
Arbenigol Cymru  
Welsh Health Specialised  
Services Team



## Contents

<b>Foreword</b> .....	<b>3</b>
<b>1. WHSSC Profile</b> .....	<b>5</b>
<b>2. WHSSC Priorities 2021-22</b> .....	<b>5</b>
<b>3. Ministerial Priorities</b> .....	<b>6</b>
<b>4. Strategic Priorities</b> .....	<b>7</b>
<b>5. Workforce Priorities 2021-22</b> .....	<b>7</b>
<b>6. Prioritisation Process for the 2021-22 ICP</b> .....	<b>7</b>
<b>7. Horizon Scanning and Prioritisation</b> .....	<b>10</b>
<b>8. Advanced Therapeutic Medicinal Products (ATMPs)</b> .....	<b>11</b>
<b>9. Planning for Recovery</b> .....	<b>11</b>
<b>9.1 Activity and Waiting List information</b> .....	<b>12</b>
<b>9.2 Adult Specialties</b> .....	<b>12</b>
<b>9.2.1 Cardiac and Thoracic Surgery</b> .....	<b>12</b>
<b>9.2.2 Trans Aortic Valve Implants (TAVI)</b> .....	<b>15</b>
<b>9.2.3 Neurosurgery</b> .....	<b>16</b>
<b>9.2.4 Plastic Surgery</b> .....	<b>17</b>
<b>9.2.5 IVF</b> .....	<b>18</b>
<b>9.2.6 Artificial Limb and Appliance Service (ALAS) - Wheelchairs</b> .....	<b>19</b>
<b>9.2.7 Renal Network</b> .....	<b>19</b>
<b>9.3 Paediatric Specialties</b> .....	<b>20</b>
<b>9.3.1 Paediatric Cardiac Surgery</b> .....	<b>20</b>
<b>9.3.2 Paediatric Surgery</b> .....	<b>20</b>
<b>9.3.4 Cleft Lip Palette</b> .....	<b>21</b>
<b>10. Planning assumptions</b> .....	<b>22</b>
<b>11. Interface with NHS England</b> .....	<b>23</b>
<b>12. Commissioning Team Priorities 2021-22</b> .....	<b>23</b>
<b>12.1 Mental Health &amp; Vulnerable Groups</b> .....	<b>23</b>
<b>12.2 Cardiac Commissioning Team</b> .....	<b>30</b>
<b>12.3 Women and Children Commissioning Team</b> .....	<b>32</b>
<b>12.4 Cancer &amp; Blood Commissioning Team</b> .....	<b>33</b>
<b>12.5 Neurosciences and Long Term Conditions Commissioning Team</b> .....	<b>36</b>
<b>12.6 Welsh Renal Clinical Network</b> .....	<b>38</b>
<b>13. Commissioner Assurance (see appendix 2)</b> .....	<b>39</b>
<b>13.1 Performance Assurance (see appendix 3)</b> .....	<b>39</b>
<b>14. Financial Plan 2021-22 to 2023-24</b> .....	<b>40</b>

<b>15. Risk Management .....</b>	<b>45</b>
<b>16. Corporate Risk Assurance Framework (CRAF) .....</b>	<b>45</b>
<b>17. Socio Economic Duty.....</b>	<b>46</b>
<b>Appendices .....</b>	<b>46</b>
Appendix 1 Key Achievements 2020-21 .....	46
Appendix 2 Commissioner Assurance Framework .....	46
Appendix 3 Performance Assurance Framework .....	46
Appendix 4 Detailed Financial plans.....	46

## Foreword

2020 was a year like no other ever experienced in the lifetime of the NHS. The Covid-19 pandemic has had a significant impact on activity levels of specialised services and the impact is likely to last during 2021-22 and for some time to come.

Despite all the difficulties and challenges WHSSC has been able to largely deliver the planned activities and new prioritised services described within the 2020-21 ICP. Further detail is provided in appendix 1.

The staff in WHSSC, working with providers and the wider NHS must take the credit for this delivery.

When the first lockdown, including “-work from home where possible”, was announced in March 2020 WHSSC quickly rolled out remote working for staff and with the support of the IT department at Cwm Taf Morgannwg University Health Board, virtual meetings became the norm. The corporate team ensured that the office remained open and accessible and the finance team ensured that the management accounting function was unaffected and the year-end accounts were delivered on time to the usual WHSSC high standard with an unqualified audit opinion.

Committee meetings continued, moving to on-line meetings with consent agendas but decision making and governance was preserved.

Performance monitoring and service development activities changed to take the pressure off operational delivery but commissioning was able to continue with the planning team ensuring that the schemes in the ICP were delivered.

Additionally, working with the Policy and Clinical Effectiveness Team, WHSSC published new policies and varied others to expand the accessibility criteria or bring on new treatments where there would be clear benefit in a COVID environment.

The Quality and Patient Care Team moved to a more agile IPFR process to facilitate swift response and the process became paperless too. Working with regulators and providers quality concerns were understood and acted upon.

Capacity in Mental Health and CAMHS services were considerably challenged but working with QAIS and Welsh Government surge beds were procured and a bed management panel implemented to manage flow.

The Welsh Renal Clinical Network supported Health Boards and other partners to ensure that all dialysis services across Wales remained opened ensuring uninterrupted to dialysis through the pandemic with a sustained focus on increasing access and maintenance of home therapy service across Wales. They also supported the proactive management of transplant programme including re-commencement of service following the UK wide pause of transplants during the first wave of the pandemic.

WHSSC led the work on procurement of the Independent Hospital Sector leading to access to significant additional capacity.

Workforce restructuring and development has continued to ensure the WHSS team can increase its future effectiveness.

WHSSC staff were redeployed to support Health Boards and Welsh Government, volunteering to add capacity to the system

### **WHSSC Commissioning Intentions Post Covid**

WHSSC's commissioning intentions and associated performance monitoring were reset and described in the 2019-22 Integrated Commissioning Plan to include more explicit, measurable intentions to measure achievement against. However it was recognised that in the covid environment the commissioning intentions needed to be revisited, along with a new commissioner assurance framework, with revised quality and performance measures which in particular address the Welsh Government published framework 'Leading Wales out of the Covid-19 pandemic: A framework for recovery'.<sup>1</sup>

Joint Committee at its meeting on 14<sup>th</sup> July 2020 agreed to reset the WHSSC commissioning intentions to the following:

1. Reduce the harms related to Covid-19. Our key focus will be restoring access to specialised services which reduced during the early phases of the pandemic.
2. Ensuring that strategically important fragile services remain viable during the pandemic and that full recovery of these services is possible.

Additionally, Joint Committee further agreed that investment for 2021-22 will need to be focused in those areas the most likely to have a positive impact on patient outcomes in an environment dominated by the effects of the Covid-19 pandemic whilst ensuring that opportunities for service recovery and improved outcomes for the future are not missed.

Specifically:

- The implementation of innovative technologies which will in the longer term deliver significantly improved patient outcomes
- Undertaking strategic planning around services where there are service sustainability issues – "Fragile Services"

Although the year has been immensely challenging, WHSSC has continued with its usual prioritisation process to inform the 2021-22 plan. These prioritised schemes are described within this plan along with the key strategic priorities for WHSSC, aligning to the Ministerial priorities all with a specific focus on service recovery and improved outcomes.

---

<sup>1</sup> <https://gov.wales/leading-wales-out-coronavirus-pandemic>

## 1. WHSSC Profile

WHSSC is responsible, on behalf of the seven Local Health Boards, for commissioning a range of specialised services for the population of Wales.

Organisationally it is split into five Directorates; Corporate, Finance, Medical, Nursing and Quality and Planning and five cross directorate commissioning teams. The 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 hosts the Welsh Renal Clinical Network (WRCN) and the key achievements and priorities for the WRCN priorities are also described in this plan

WHSSC aims to commission high quality specialised services that deliver good patient outcomes and experiences.

## 2. WHSSC Priorities 2021-22

The Principles and Priorities for WHSSC for 2021-22 were discussed and agreed by Joint Committee at its meeting in November 2020. Joint Committee agreed that the overarching priority for WHSSC remains

**“on behalf of the Health Boards, 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”**

However, they also agreed that the unprecedented challenge which has resulted from the Covid-19 pandemic requires a specific focus and level of pragmatism now and during the period of recovery which will follow. They agreed that there needs to be a new framework for providing commissioner assurance with

- An increased focus on identifying patient outcomes
- Support to optimise patient benefit and minimise harm
- Influencing the whole of the patient pathway
- Supported by effective information systems across the patient pathway
- Assurance on risk and patient prioritisation

An interim framework (appendix 2) has been produced and is discussed in further detail in section 13, Commissioner Assurance.

Joint Committee further agreed that investment for 2021-22 needs to be focused in those areas most likely to have a positive impact on patient outcomes in an environment dominated by the effects of the Covid-19 pandemic whilst ensuring

that opportunities for service recovery and improved outcomes for the future are not missed.

Specifically:

- The implementation of innovative technologies which will in the longer term deliver significantly improved patient outcomes
- Undertaking strategic planning around services where there are service sustainability issues – “Fragile Services”

WHSSC continues to operate within the ***Wellbeing of Future Generations (Wales) Act 2015***. The Act’s five ways of working are embedded within the intentions within and the work that underpins them.

### 3. Ministerial Priorities

The 2021-22 Planning Guidance identifies a number of Ministerial priorities.

Whilst WHSSC does not directly impact on a number of these priorities it clearly has an influence on many of them. A key aim of WHSSC is to ensure equal access to services across all of residents in Wales and to ensure clear pathways from primary care into WHSSC commissioned services. This plan specifically focusses on the Ministerial priorities concerning timely access to care and mental health. Mental Health has been identified as a key strategic priority for WHSSC along with planning for recovery to ensure timely access to care.

On the **decarbonisation** agenda, WHSSC will continue to take opportunities that contribute to reducing their carbon footprint. In particular during 2021 and beyond WHSSC will embed the working practices that were, by necessity, introduced in 2020. In particular WHSSC will continue a blended approach to office and remote working, reducing the need for travel, and will also run as many meetings as is practical using on line platforms such as Teams. Additionally during 2020-21, many of the WHSSC systems and processes moved to paperless and these have been proven to be both more efficient and environmentally friendly and will continue.

Part of WHSSC’s overarching aim is to ensure services are commissioned “**as close to patients’ homes as possible**”. This strategy remains and the majority of investments in 2020-21 and those planned for 2021-22 are in service provision within Wales. Additionally though, like other services, specialised service provision across both Welsh and English providers have successfully utilised remote delivery particularly for out-patient and follow up/review clinics. It is expected that this way of working will continue where it makes clinical sense to do so saving both travel and time for patients and clinicians and contributing to the decarbonisation target.

### 4. Strategic Priorities

A number of strategic priorities are highlighted within the 2021-22 WHSSC ICP. Strategic priorities are service developments which are either currently mandated by organisations such as the National Institute for Health and Care

Excellence (NICE) or they are Ministerial priorities or have already been agreed as service priorities through previous ICPs or through the CIAG process.

In 2021-22 the following are the key strategic priorities;

- Continued implementation of ATMPs (See section 8)
- Planning for Recovery (See section 9)
- Mental Health services in particular services for women and CAMHS (see section 12.1)
- Paediatric Specialist Services (See section 12.3)

## 5. Workforce Priorities 2021-22

Supporting and developing the WHSS Team remain key priorities for next year in particular;

1. Staff development and well-being support.
2. Future involvement in talent management succession planning
3. Restructuring to meet changing organisational needs

WHSSC will also continue supporting the wider NHS during remainder of pandemic and will redeploy staff to support operational needs as appropriate, balancing the business requirements of WHSSC with that of the wider organisation.

## 6. Prioritisation Process for the 2021-22 ICP

WHSSC has a robust prioritisation process and although this year has been particularly challenging due to the pandemic, the plan has at its core the usual prioritisation mechanism. The intention this year was to secure robust public health advice in particular to support needs assessment for specialised services. The pandemic has of course meant that public health resource has been stretched and it was not therefore possible to bring in additional resource. WHSSC therefore relies on the input of Health Boards through the process of developing and approving this plan to set the needs of patients for specialised services within the context and knowledge of the needs of their own populations.

The Joint Clinical Impact Assessment Group and Management Group process has taken place over a series of meetings this year due to the need to undertake the meeting virtually rather than face to face. 44 schemes were received for consideration. In advance of the CIAG meeting, the schemes were triaged by the WHSSC Commissioning teams against the following:

- The Covid-19 criteria described in '*Overview of the WHSSC Clinical Impact Assessment Group (CIAG) process 2020*'
- Schemes which demonstrated a strong rationale, including good evidence of a high quality service and patient safety and appropriate consideration of risk

The schemes were separated into those which met the criteria those which did not and those where there was uncertainty. The rationale for the sifting process



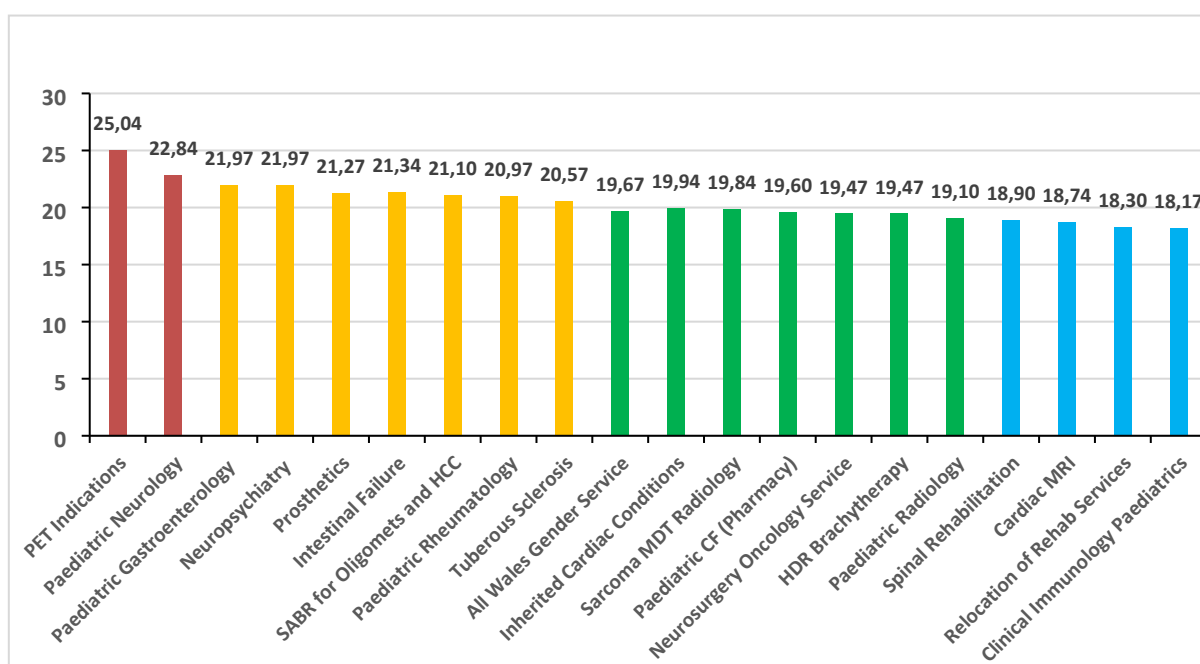
was discussed with Management Group where the following list of topics for prioritisation was agreed. This is prior sifting step is different to the usual process and hence all of the schemes put to the CIAG process were already of relatively high priority. The role of CIAG was therefore to assess their relative priorities to each other.

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

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

A review of results meeting was held on 26<sup>th</sup> November 2020. At this meeting the scores were discussed and agreement reached on the relative priorities of each of the schemes. Figure 1 shows the outcome of that discussion.

**Figure 1 Total mean score (weighted) (n=9 participants)**



The plan for 2021-22 includes financial support for all the schemes above. The schemes in the red and yellow bars will be fully funded on the receipt of an approval business case.

It is important to note that the prior sifting process means that even schemes which were not in the highest priority group may still represent a significant risk with a potential to emerge as an in-year cost pressure. There is a therefore a nominal allocation of c£1.5m for the remaining schemes in the green and blue categories. A further assessment has been made on each of these schemes on the probability that they will materialise in year and the WHSS Executive Team assessment is provided in the table below

	RISK BASED PRIORITY ORDER				Prob likely to occur	Prob spend in year
18.17	Clinical Immunology Paediatrics	0.070	0.140	0.140	9	50%
19.60	Paediatric Cystic Fibrosis (Pharmacy)	0.051	0.085	0.085	9	60%
19.84	Sarcoma MDT Radiology	0.036	0.051	0.051	8	70%
19.10	Paediatric Radiology	0.240	0.600	0.600	8	40%
19.47	HDR Brachytherapy	0.200	0.500	0.500	8	40%
18.74	Cardiac MRI	0.138	0.275	0.275	7	50%
19.94	Inherited Cardiac Conditions	0.146	0.291	0.291	7	50%
19.47	Neurosurgery Oncology Service	0.052	0.103	0.103	7	50%
18.30	Relocation of Rehabilitation Services	0.100	0.500	0.500	6	20%
	SUB TOTAL	1.031	2.545	2.545		
19.67	All Wales Gender Service	0.305	1.800	1.800	5	20%
19.10	Spinal Rehabilitation	0.164	0.963	0.963	3	20%
	TOTAL ALL CIAG SCHEMES	1.500	5.308	5.308		

Note amounts "below the line" for gender and spinal rehab have been further scaled back beyond the probability of spend

The additional £1.5m provided for within the financial plan will therefore be directed to these schemes as described above. The resources will be allocated either through a contracting mechanism or via a business case process depending upon the actual scheme.

Further detail on the output from this process and the allocation made to support the schemes above is detailed in the finance section of this plan and described in more detail in section 12, The Priorities for Commissioning Teams.

## 7. Horizon Scanning and Prioritisation

As part of a broader annual horizon scanning process, WHSSC identifies new and emerging health technologies that are likely to have a significant impact on the delivery of healthcare in Wales. To achieve this WHSSC has a well-established and evidence based process that enables it to compare competing proposals for new investment so that these can be prioritised and subsequently implemented.

The role of the WHSSC Prioritisation Panel is to prioritise requests for funding of new specialised services (services, treatments and technologies) which have been identified via the horizon scanning process. The Panel then issue their recommendations to WHSSC for consideration.

This year the Panel met 'virtually' over MS Teams on the 2<sup>nd</sup> September 2020. A horizon scanning exercise was carried out by the Medical Directorate at WHSSC between January and June 2020 to inform this process.

A total of nine technologies were identified for consideration, however the usual process was heavily affected by the Covid-19 pandemic. The following key principles were considered when selecting an intervention for assessment by the WHSSC Prioritisation Panel in 2020:

- Does the intervention mitigate any one of the four areas of Covid-19 harm outlined in the Welsh Government Framework?
- Could the new intervention be implemented within the current service given the constraints brought on by Covid-19?
- Has funding already been committed to any of the new interventions?

By applying these principles WHSSC determined the final list of new topics for prioritisation.

A simplified scoring protocol for prioritisation was introduced for 2020 using the following five criteria:

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

The information in the table below presents the final list of schemes identified via horizon scanning and their mean score agreed by the panel that are included in the 2021-22 WHSSC ICP.

***Final list of topics for prioritisation***

<b>Intervention</b>	<b>Source</b>	<b>Total mean score</b>
Allogeneic Haematopoietic Stem Cell Transplantation for adults with sickle cell disease	NHS England <sup>2</sup> . Published December 2019	32.81
gammaCore for cluster headache	NICE Medical Technologies Guidance <sup>3</sup> Published December 2019	32.69
Autologous haematopoietic stem cell transplantation for people with previously treated relapsing remitting multiple sclerosis	WHSSC Cancer and Blood Commissioning Team and Health Technology Wales <sup>4</sup> Published July 2020	32.10

## 8. Advanced Therapeutic Medicinal Products (ATMPs)

WHSSC has a robust horizon scanning process which shows that internationally there is a huge product development pipeline of circa 1,000 ATMPs. Research of international forecasts indicates that at least 40 ATMPs may be approved by 2022 hence, there is likely to be an acceleration at some point in the three year ICP cycle. In 2020, it was anticipated that ATMPs would be approved at a cost to the NHS in Wales of c£23m. This requirement was supported centrally by Welsh Government. The impact of the Covid pandemic meant that fewer products received NICE approval. However for 2021 it is expected that further products will receive NICE approval at an estimated value of £20m. Again in 2021 Welsh Government have confirmed that funding will be held centrally to recognise the impact of NICE mandated Advanced Therapeutic Medicinal Products.

<sup>2</sup> <https://www.england.nhs.uk/publication/allogeneic-haematopoietic-stem-cell-transplantation-for-adults-with-sickle-cell-disease/>

<sup>3</sup> <https://www.nice.org.uk/guidance/mtg46/chapter/1-Recommendations>

<sup>4</sup> <https://www.healthtechnology.wales/reports-guidance/autologous-haematopoietic-stem-cell-transplantation/>

## 9. Planning for Recovery

A key Ministerial priority which is also reflected in WHSSC's strategic priorities is timely access to care. Throughout the pandemic WHSSC has been reporting key activity information. Below is a synopsis of activity and waiting list information on some key services illustrating the impact that the pandemic has had on specialist services. This information is based on month 8 data 2020-21.

Clearly recovery back to pre-covid activity levels and waiting times will be a significant challenge and is unlikely to be delivered within one year. Additionally the activity and waiting list shows a differential position, some provider organisations managing to achieve higher levels of activity relative to others and as a consequence waiting lists for services differ. This raises a possible equity of access to service issue in this recovery phase.

WHSSC will work with all provider organisations to agree a recovery plan for each of the key specialties. The Commissioner Assurance Framework referred to later in this plan describes the range of indicators that WHSSC will monitor to provide assurance. Recovery plans will therefore need to describe expected performance across all indicators, waiting times and activity however will be key indicators. The expectation is that the provider organisation will develop the recovery plan which will need to be agreed with WHSSC. In agreeing the recovery plan for each specialty WHSSC will take into consideration the current contracted levels but also how each recovery plan compares relative to all providers. One of the key principles in agreeing each of the recovery plans will be to achieve equity of access to services for all residents in Wales.

Delivery of the recovery plan will be reported to Management Group and Joint Committee in line with the revised Commissioner Assurance Framework and process with the Escalation Process being implemented where needed should recovery not be delivered according to the plan.

### 9.1 Activity and Waiting List information

The impact of Covid-19 on the level of provision of healthcare has been felt across all levels of service, including specialised services which are generally regarded as essential services. WHSSC has used the national data sources from NWIS together with monthly contract monitoring information to inform this plan.

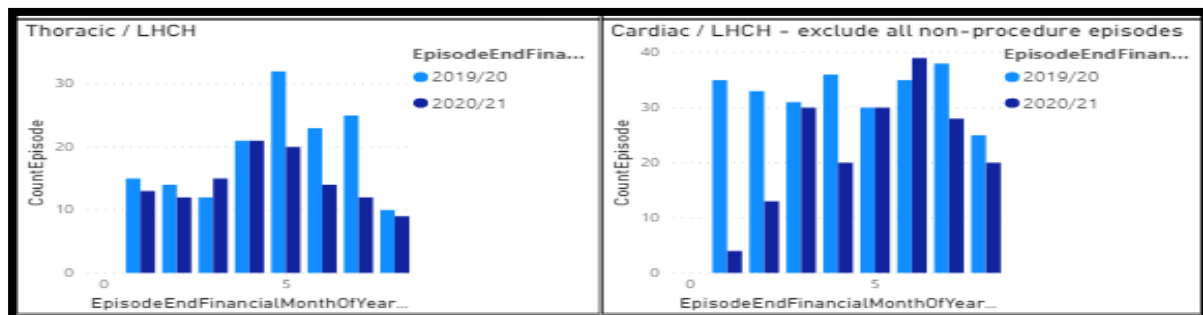
Across all specialised contracts there was a drop off in activity in March as the start of the lockdown began to impact, but specialised services activity fell materially during April. In English providers in particular there was some recovery over the summer, declining again in the autumn. The overall activity in English contracts compared to the last financial year is a 38% decrease. Welsh contracts have generally seen a steady increase but remain significantly below pre-covid levels and contracted activity

On waiting lists most specialties saw a reduced demand for new outpatient appointments at the start of the Covid-19 pandemic in spring 2020, with new referrals starting to increase again by the summer. The reduced activity has led to higher numbers of patients waiting, or increased patient waits than before the pandemic.

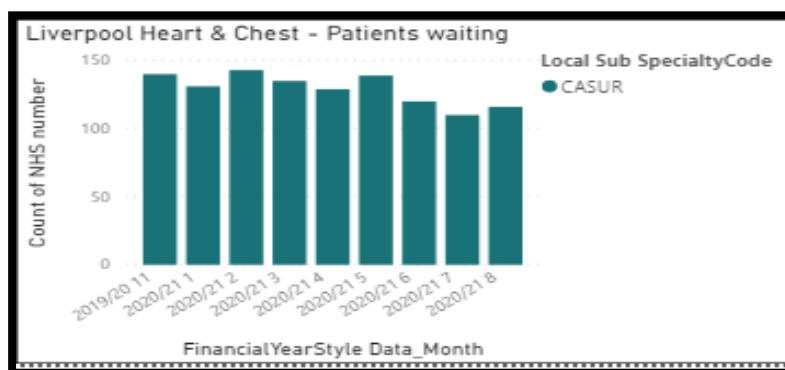
## 9.2 Adult Specialties

### 9.2.1 Cardiac and Thoracic Surgery

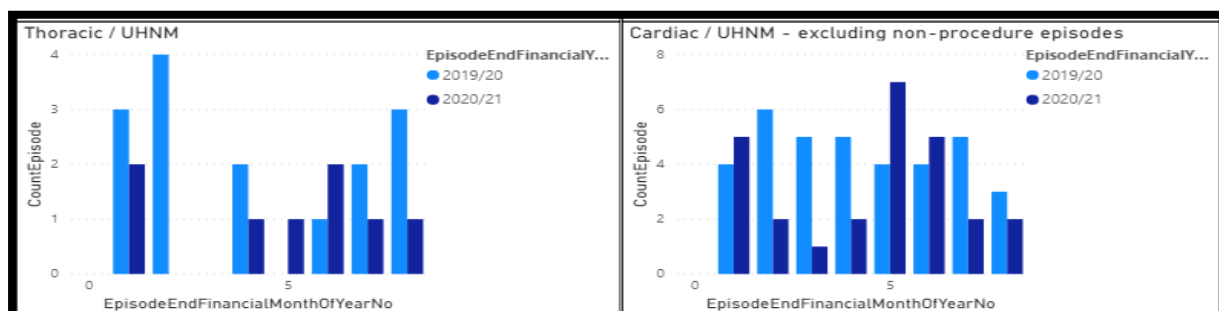
The graphs and tables below show the impact of the pandemic on activity and waits at Liverpool Heart and Chest Hospital (LHCH) for both thoracic and cardiac surgery. There was a concerning drop in the volume of Cardiac inpatient activity reported during the period, which is recovering and currently stands at 30% less activity overall to date compared to 2019-20. Thoracic surgery levels are 48% and 90% for months 7 and 8 respectively, but is 76% cumulatively.



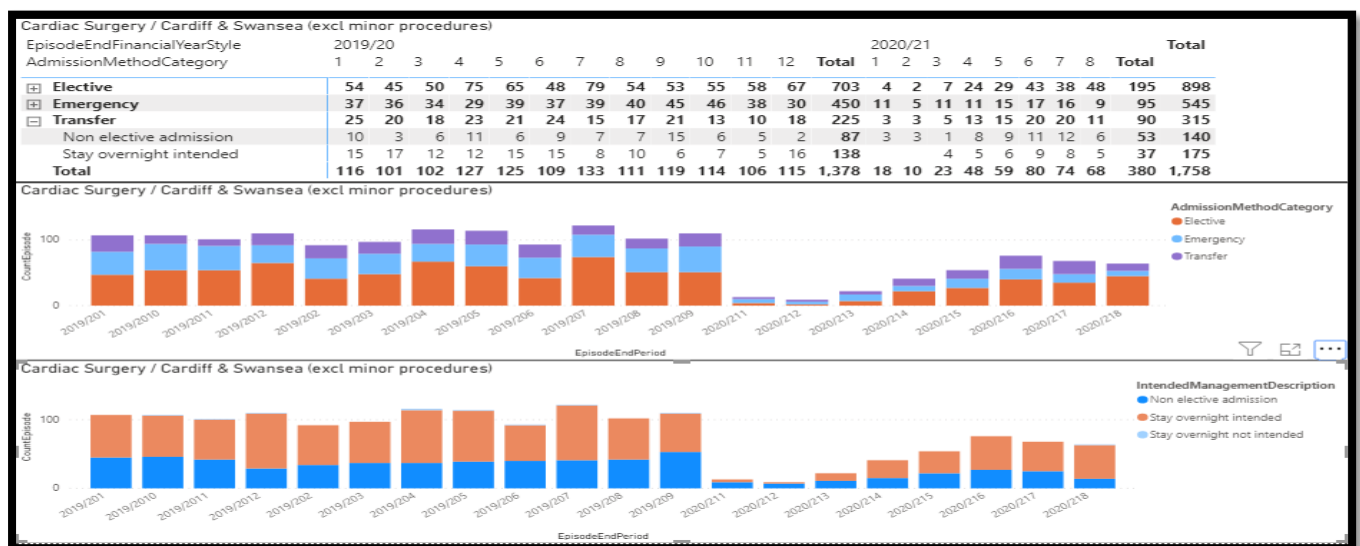
Waiting times for cardiac surgery at LHCH are shown in the graph below with fewer patients waiting for cardiac surgery compared to March 2020.



The activity levels in University Hospital North Midlands (UNHM) for both thoracic and cardiac surgery for Welsh residents appear to show a return to last year levels but need to be interpreted with additional caution given the low baseline volumes.

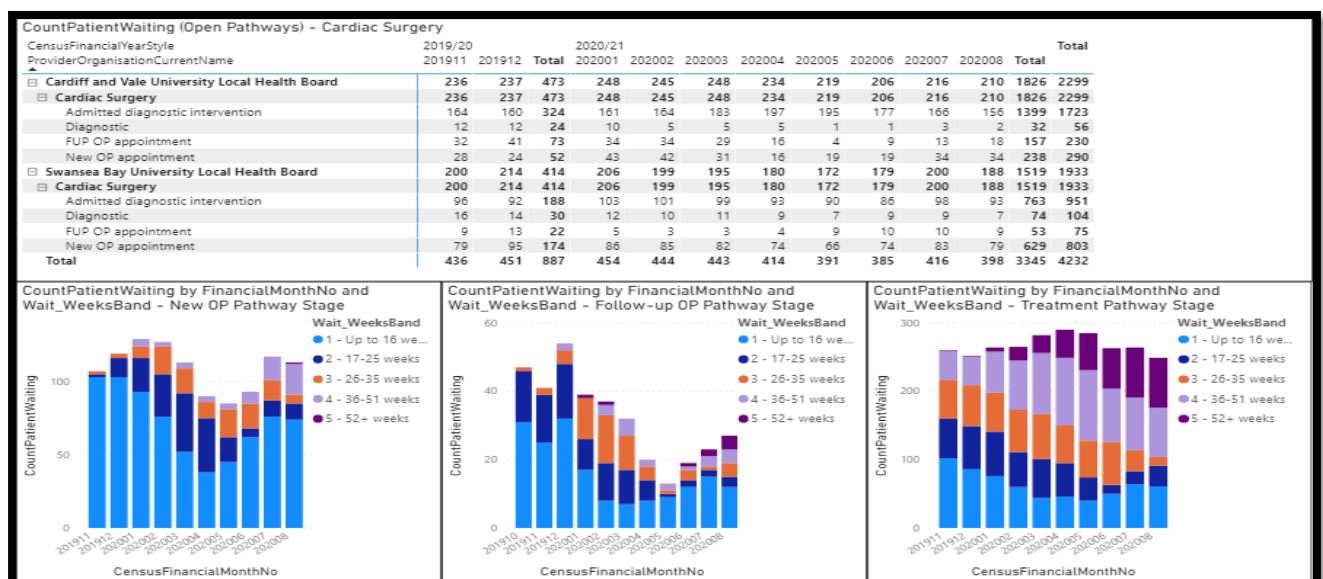


The tables below show activity at Cardiff and the Vale and Swansea Bay University Health Boards comparing the same period in 2019-2020. The levels of activity in remain a concern, although activity has increased steadily.



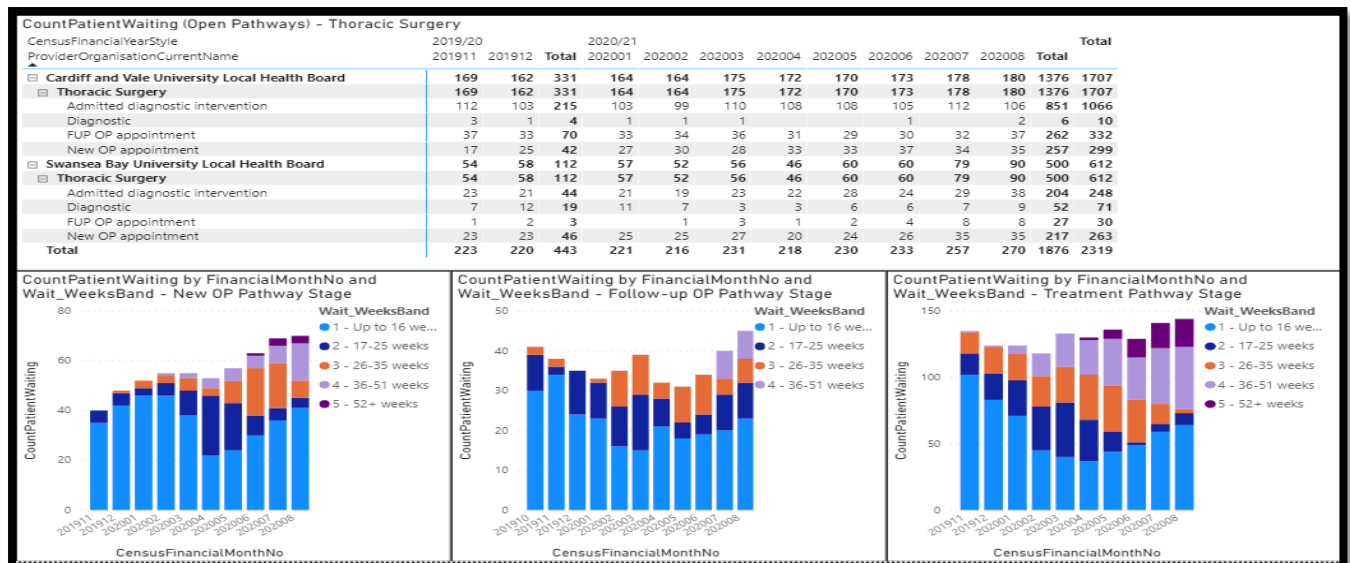
Data source: NWIS central data warehouse; all inpatient activity (excludes minor surgery)

Cardiac Surgery at Cardiff and Swansea show the same trajectories regarding patients waiting. Although patients waiting for treatment have not materially increased in number, more patients are waiting for longer, and the data regarding new outpatients shows that demand is now increasing again after the initial drop in April. This may lead to more emergency demand as patients become more serious after longer waits, compounded by a backlog of new patients presenting.



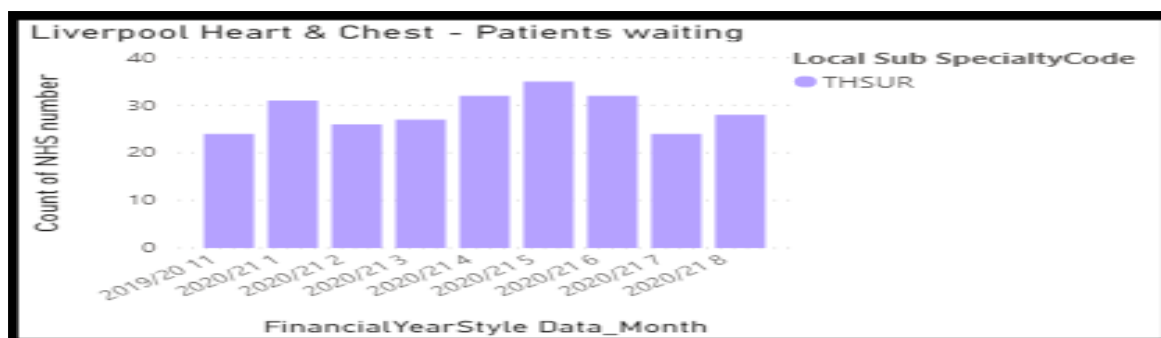
Data source: NWIS central data warehouse

Thoracic surgery is showing pressure on all parts of the pathway at Cardiff and Swansea, with an increase in every section. New patients are now presenting again after the initial decrease in April, and all sections show patients that have been waiting over a year.



Data source: NWIS central data warehouse

There has been a small increase in patients waiting at Liverpool Heart & Chest, but at a lower rate than the Welsh providers.

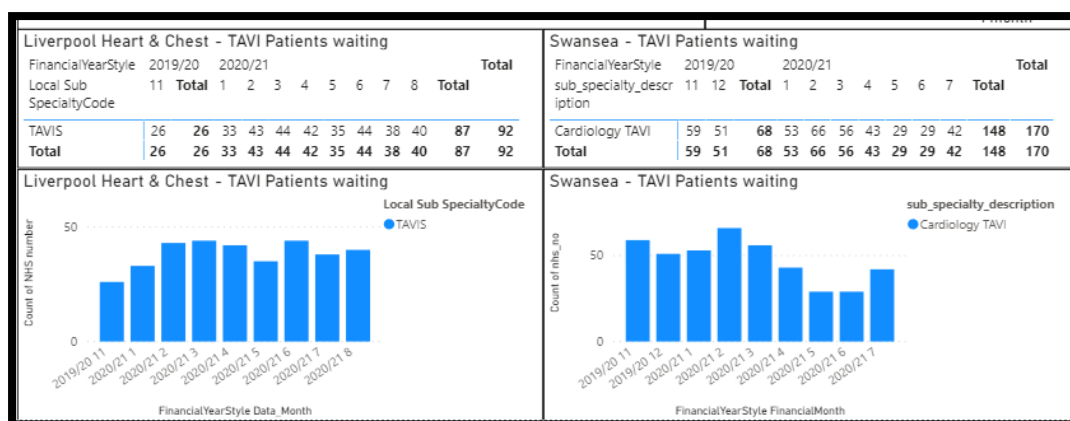


Data source: NWIS central data warehouse

## 9.2.2 Trans Aortic Valve Implants (TAVI)

Patients waiting for Trans Aortic Valve Implants (TAVI) have actually reduced at Swansea Bay, but increased at Liverpool (no direct data currently received from Cardiff). However, it is good to note that activity at all centres has increased compared to 2019/20, as illustrated in the below charts.

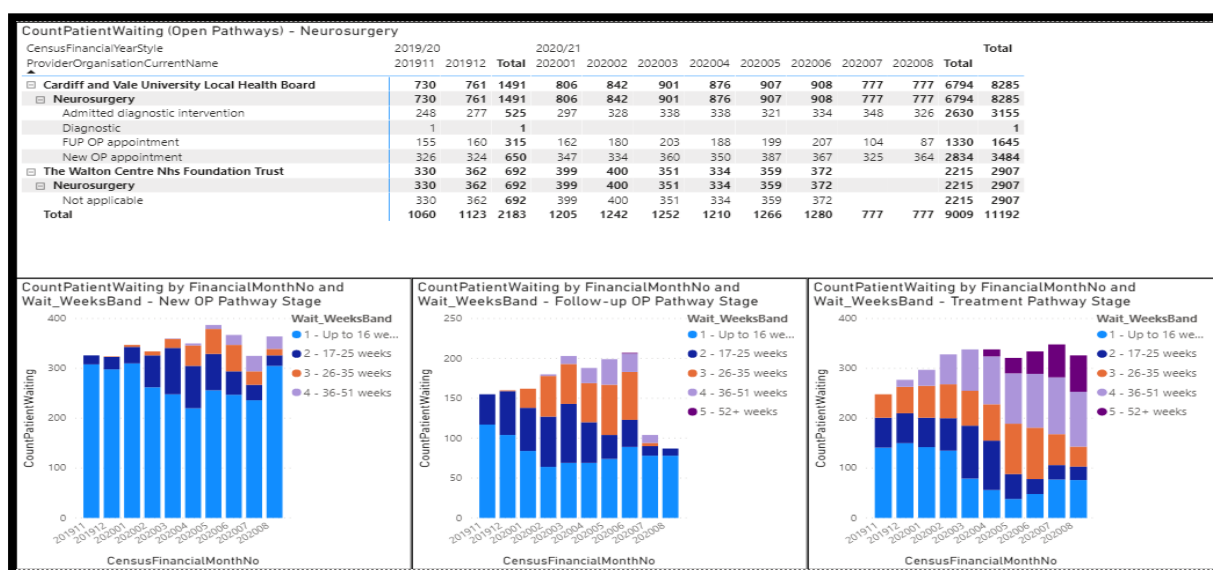




Data source: NWIS central data warehouse, WHSSC contract monitoring received from providers

## 9.2.3 Neurosurgery

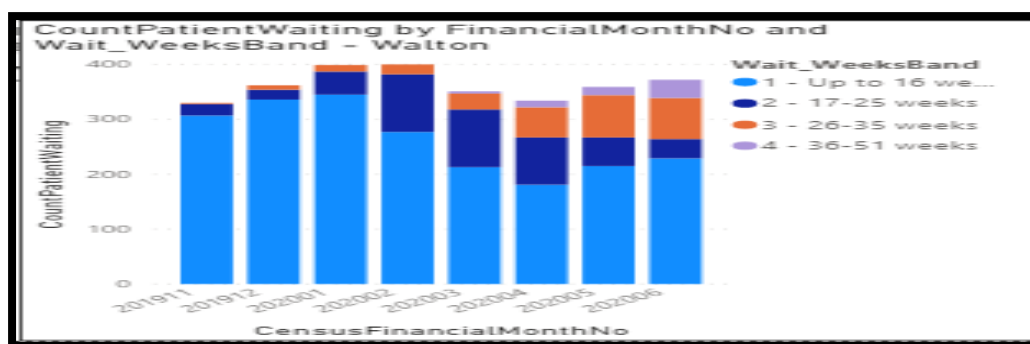
Neurosurgery data for Cardiff shows a much smaller drop-off in new outpatient waiters than other specialties, although the total new patients has not materially decreased. Follow up outpatients have been cleared well, but patients waiting for inpatient treatments has increased from 248 in February 2020 to 326 by November, showing a pressure of 31% more patients. These patients are also now seeing increased waiting times.



Data source: NWIS central data warehouse

Patient waits at the Walton are also showing a small increase, along with longer waits, although none over a year at the point of reporting.



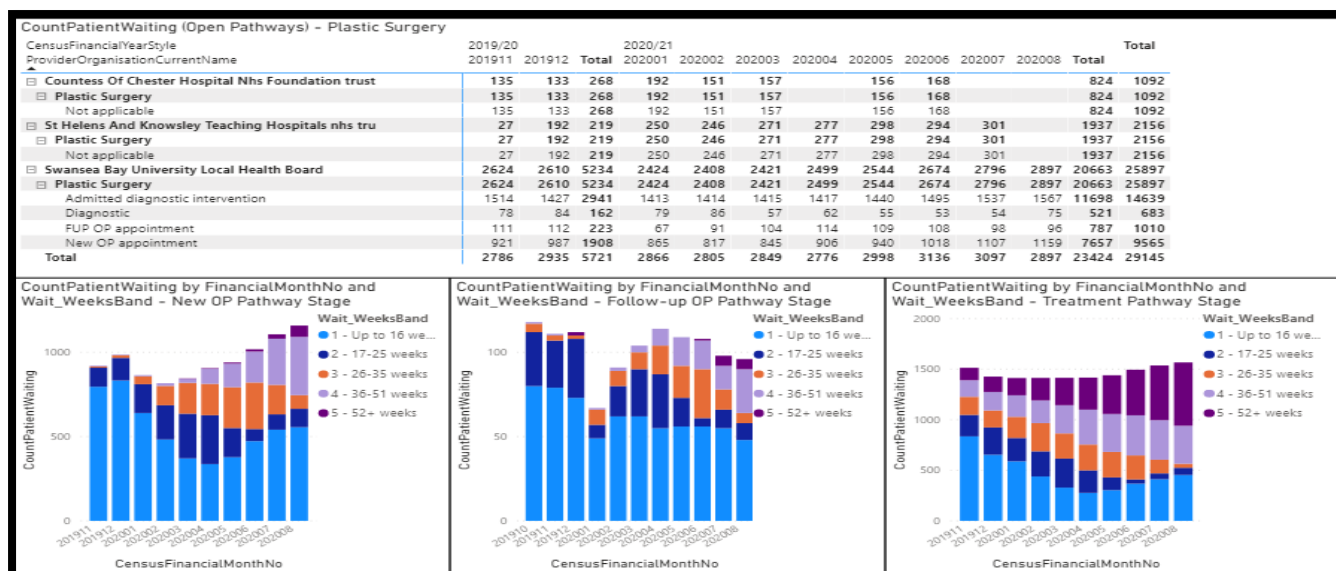


Data source: NWIS central data warehouse

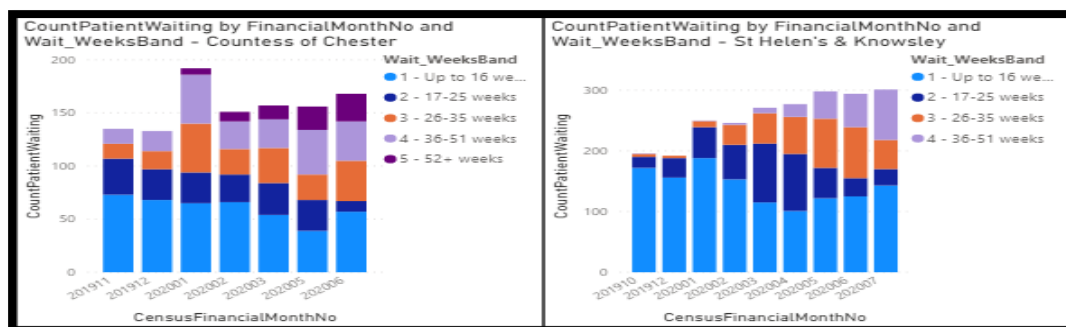
## 9.2.4 Plastic Surgery

Patients waiting for Plastic Surgery have increased overall. New patients waiting at Swansea Bay have increased and although patients waiting for treatments have not increased much in total, the backlog of new patients will lead to a significant pressure in the system.

Whilst the breakdown of pathway stage is not included in English wait data, the overall pressure is also mirrored in the English providers of St Helen's & Knowsley and the Countess of Chester (note the Countess of Chester activity is paid for through Betsi Cadwaldr's local contract, and not through WHSSC). Both these providers are showing higher total patients, with longer waits.



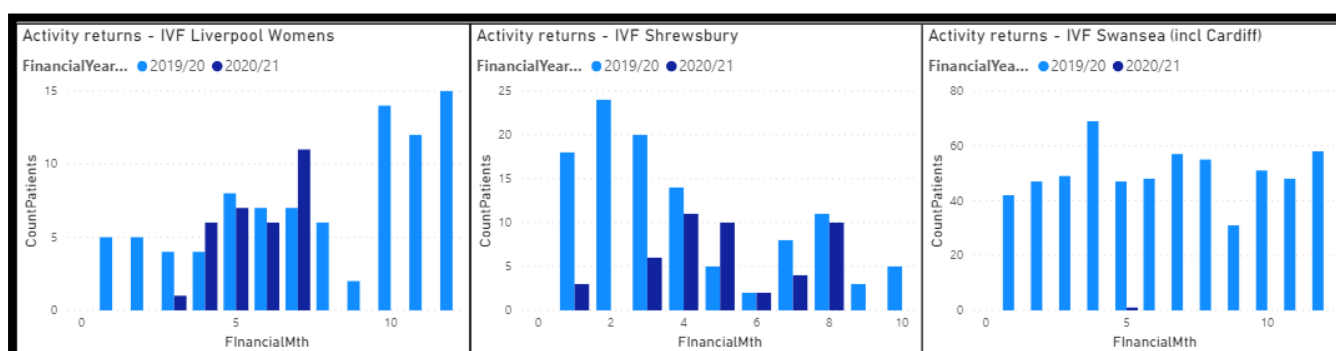
Data source: NWIS central data warehouse



Data source: NWIS central data warehouse

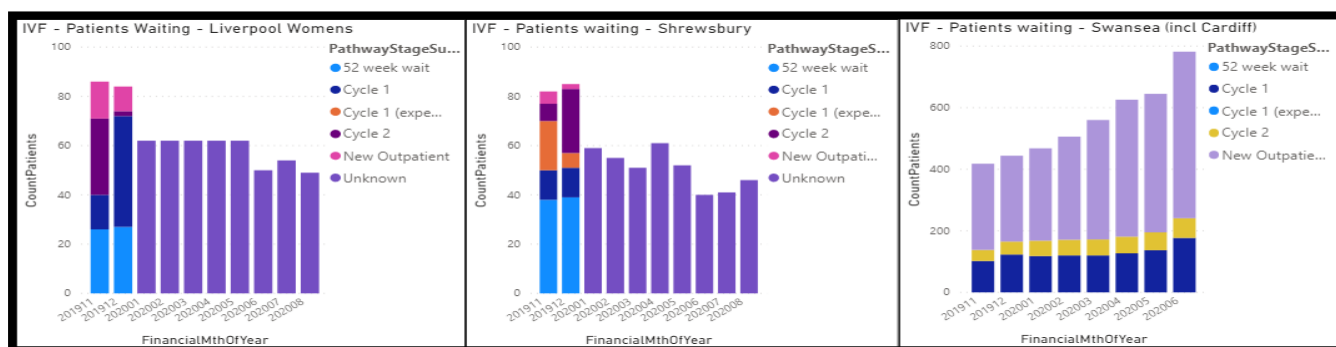
## 9.2.5 IVF

Data on IVF services is received direct from the providers, and shows a concerning drop in activity, along with an increase in patients waiting at all pathway stages. At the time of this report, the IVF service through Swansea had only performed one IVF cycle in the 5 months up to the end of August 2020, compared to 254 in the 5 months to August 2019. Shrewsbury and Liverpool are also much lower than last year, as shown below.



Data source: Inpatient activity data received monthly direct from the provider organisations

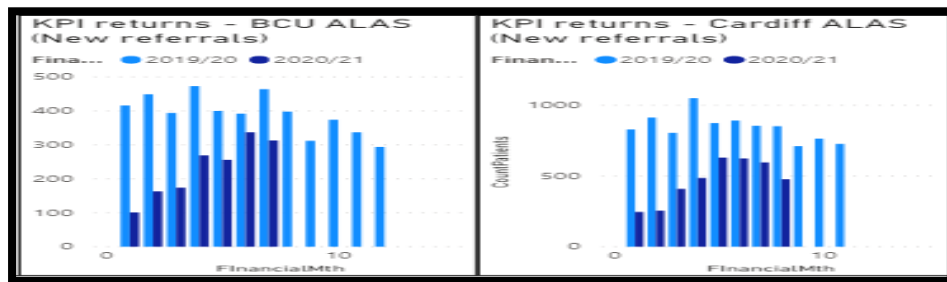
Waiting lists for IVF services show reductions at Shrewsbury and Liverpool Women's, although the breakdown across the pathway has not been provided this year. Swansea's service shows increases in all parts of the pathway, with patients almost doubling between February and September 2020.



Data source: Data on patients waiting received monthly direct from the provider organisations

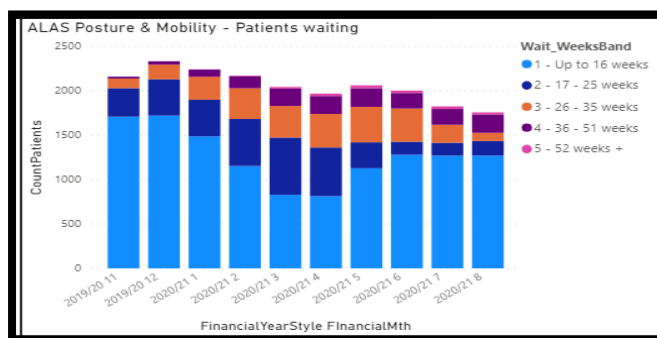
## 9.2.6 Artificial Limb and Appliance Service (ALAS) - Wheelchairs

New referral numbers dropped substantially at the start of the pandemic period at both of the main ALAS centres for Wales, but picked up across the summer months.



Data source: ALAS KPI's received monthly direct from the provider organisations

However, the overall numbers of patients waiting for wheelchairs have actually dropped over 2020 with a slight increase in North Wales, compared to a decrease at Cardiff. However, there are now some patients waiting over 36 and 52 weeks.

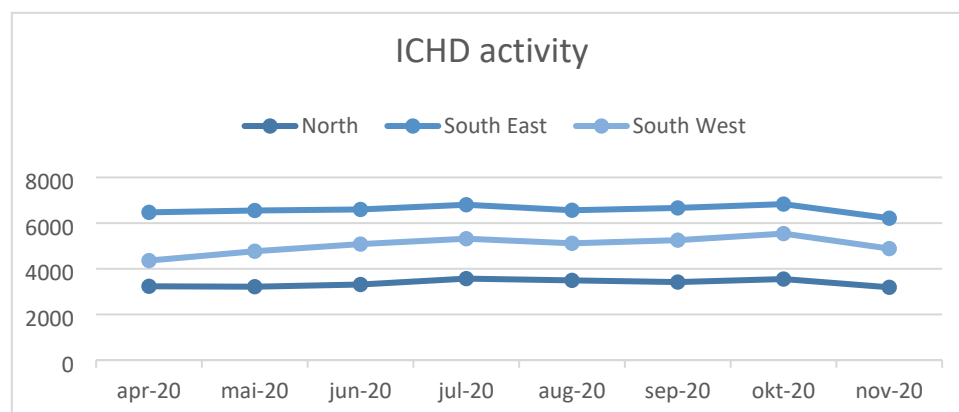


Data source: Data on patients waiting received monthly direct from the provider organisations

## 9.2.7 Renal Network

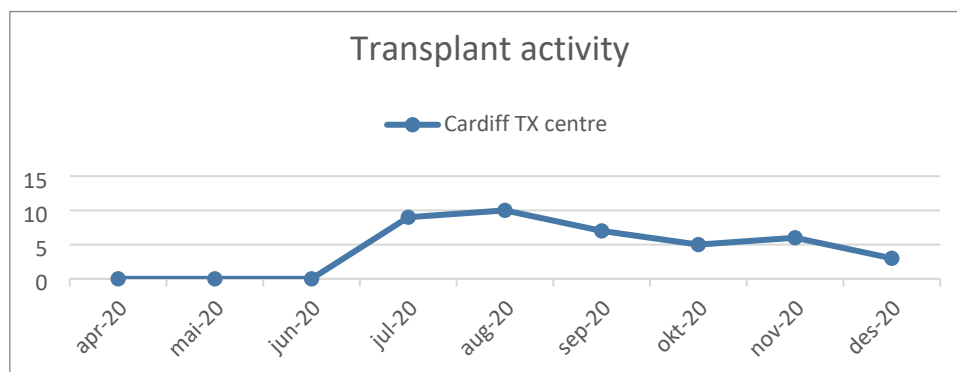
### Haemodialysis Centre (ICHD) Activity Data for 2020 to Nov 20 by Region:

This shows a relative stable position throughout the pandemic.



## Transplant Activity Data for Cardiff Transplant Centre April – Dec 2020

Three kidney transplants have also been undertaken at Liverpool for north Wales patients.



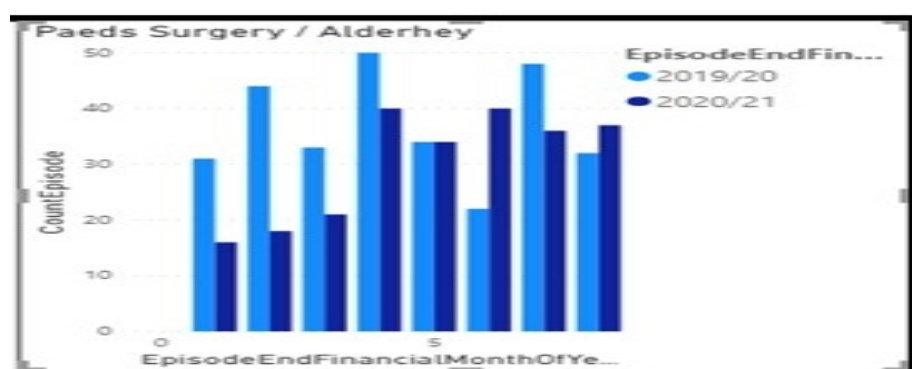
## 9.3 Paediatric Specialties

### 9.3.1 Paediatric Cardiac Surgery

Case volumes are traditionally small but with high importance in terms of outcomes. Encouragingly the data actually shows a small increase in activity of 115 inpatient episodes to date in 2020-21, compared to 105 episodes to the same point last year.

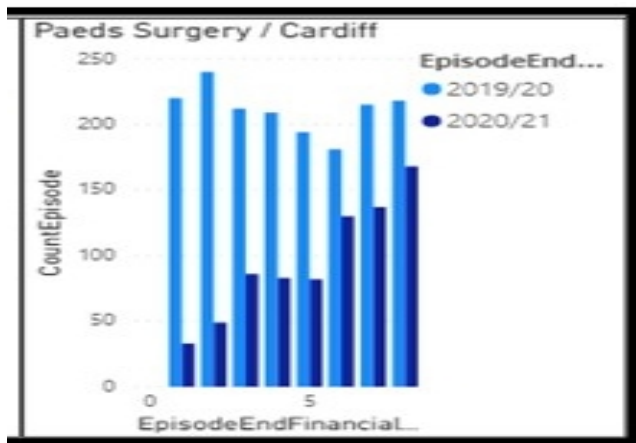
### 9.3.2 Paediatric Surgery

Specialist paediatric surgery covers a wide spectrum of activity from highly complex and urgent to elective. The rate of decrease at Alder Hey NHS Trust, our major provider for north Wales, has been high at 51% in April compared to 2019-20 activity, but with a recovery up to 115% by November (82% to date).



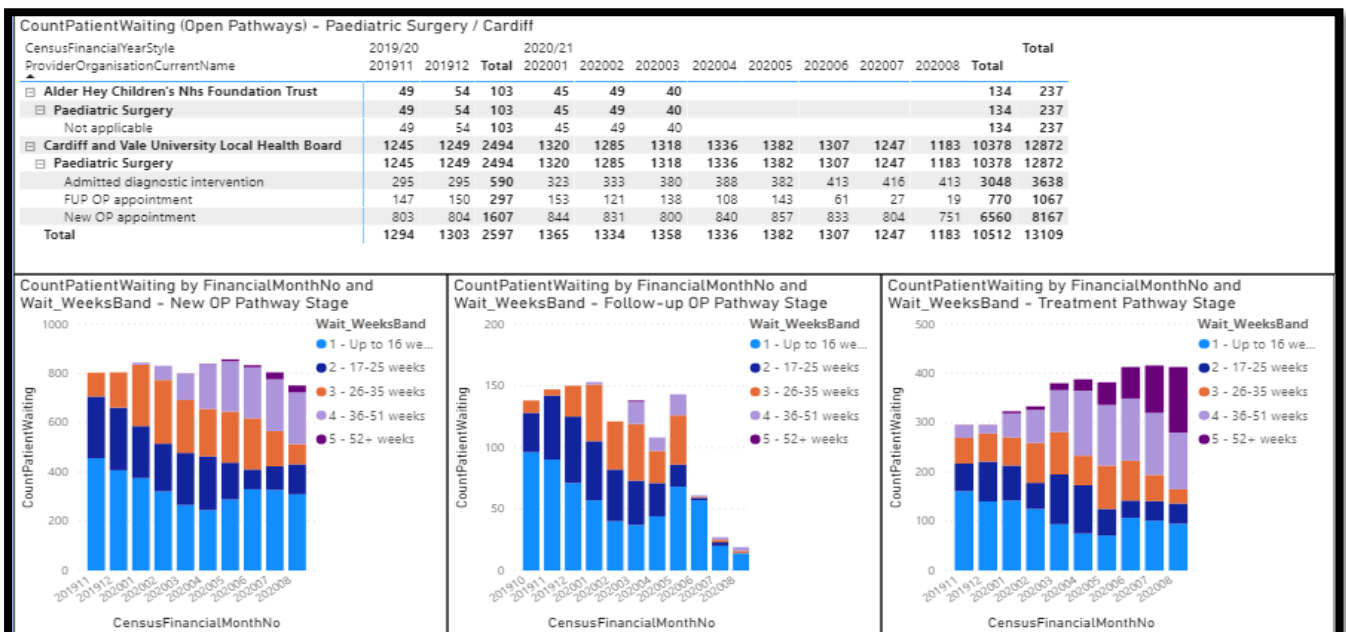
Data source: NWIS central data warehouse; all inpatient activity

The table below shows the activity for specialist paediatric surgery at Cardiff and the Vale University Health Board compared to the same period last year showing a reduction of around 50%.



Paediatric Surgery at Cardiff is showing concerning longer waits for new patients, along with a marked increase in patients waiting for inpatient treatments of 40% compared between February and November 2020, although follow-up patients have had attention and numbers have reduced.

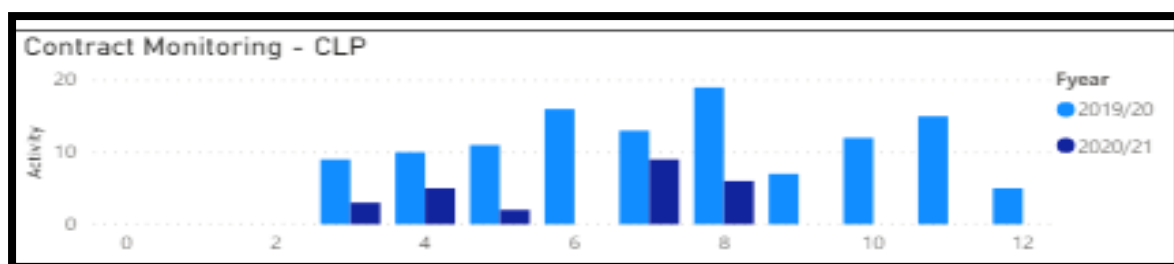
Alderhey is also a specialist provider of Paediatric Surgery, but the total patients waiting had decreased from 49 in February 2020 to 40 by June (more recent months have not been submitted yet due to pandemic pressures). This is probably due to the quicker recovery by Alderhey in relation to inpatient treatments.



Data source: NWIS central data warehouse

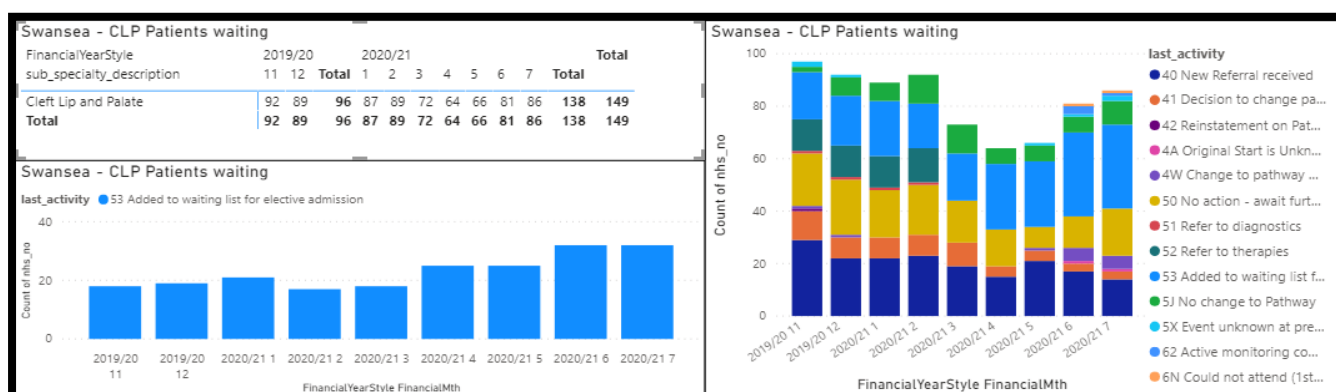
### 9.3.4 Cleft Lip Palette

Swansea Bay is the main provider in relation to Cleft Lip Palette services, and has shown a material reduction in inpatients compared to last year.



Data source: Inpatient activity data received monthly direct from Swansea Bay

Unsurprisingly, the lower activity has led to an increasing waiting list for inpatient treatments. The next chart shows both the overall waiting list figures for CLP services at Swansea, along with the inpatient element



Data source: Data on patients waiting received monthly direct from Swansea Bay

## 10. Planning assumptions

The impact on WHSSC commissioned services across all providers and services has been illustrated above. All providers are developing plans for services in 2021-22 but these are still in the early stages and set against a backdrop of Covid-19 still being a significant strain and pressure on the NHS and likely to be for some time. The following planning assumptions have therefore been used;

- Recovery is likely to take more than 1 year
- Growth over 2019-20 levels is unlikely, except in some small specialty areas
- At best providers will deliver contracted volumes
- Block contracting will cease at some point during the year although this is not expected to be in the first part of the year particularly for NHS England contracts. It is expected that the current financial agreement with NHS England will continue for at least quarters 1 and 2.

## 11. Interface with NHS England

Throughout the pandemic, WHSSC has maintained regular contact with NHS England through the specialist commissioners and joining a four nations call fortnightly. It is expected that these will continue during 2021-22. Additionally as Trusts start to recover from the pandemic and operational pressures start to ease, WHSSC will recommence contracting and performance meetings, probably from quarter 2 onwards.

## 12. Commissioning Team Priorities 2021-22

As previously described WHSSC is organised into commissioning teams and the Welsh Renal Clinical Network (WRCN) who are responsible for driving the commissioning across all services and providers.

Detailed below are the key priorities in each of the commissioning teams and the WRCN for 2021-22.

### 12.1 Mental Health & Vulnerable Groups

Following investment from Welsh Government the Mental Health portfolio has been expanded to incorporate Vulnerable Groups. These services are now included as part of the Mental Health & Vulnerable Groups Commissioning Team.

#### **Vulnerable Group Portfolio**

##### **Gender Services for Adults**

The all Wales Welsh Gender Service (WGS) was initially established in September 2019 as part of an integrated model of care alongside local gender teams (provided by LHBs) and a direct enhanced service through primary care. Despite the Covid-19 pandemic, the WGS has continued to provide video and telephone consultations, which will continue for the foreseeable future.

A key development for the all Wales adult gender identity service (non-surgical) for 2021-22 includes the peer support and information service, introduced to support service users whilst on the waiting list, funded by Welsh Government until the end of 2022. The WGS has also developed the expertise to support more complex cases and now also provide surgical assessment and signatures, meaning even less reliance on the London Gender Identity Clinic (LGIC) provided by Tavistock and Portman NHS Foundation Trust.

There continues to be a focus on the development of the service towards a longer term, sustainable model.

In 2020, Joint Committee supported the recommendation to stand down the All Wales Gender Identity Partnership Group (AWGIPG) as the terms of reference for the group, to support the development of a service in Wales had been met. The AWGIPG will be replaced by a Managed Clinical Network to review, develop and manage the end to end gender identity pathway across primary, secondary and tertiary care enabling a whole pathway approach.

WHSSC commissions the surgical gender identity service from NHS England. Waiting lists for surgery continue to build as procedures have been put on hold during the pandemic.

The following services have been supported for additional investment during 2021-22:

<b>Scheme Title</b>	<b>Impact of Scheme</b>	<b>Timeline</b>
Welsh Gender Service (Adult - non surgical)	Management and reduction of waiting list.	Quarter1-4

Key areas for action in 2021-22 include:

<b>Issue</b>	<b>Action</b>	<b>Timeline</b>
Evaluation of Peer Support Programme	A 12 month evaluation of the peer support and information service to be submitted by June 2021.	Quarter 1
Waiting List	Opportunities to increase activity to address the waiting list backlog whilst mindful of the capacity within local gender teams and delays to gender re-assignment surgery.	Quarter 2
Capacity of Local Gender Teams	Co-planning of capacity with LGTs and supporting with training and clinical supervision.	Quarter 3
Waiting List	Repatriating service users that remain on the London Gender Identity Clinic (LGIC) waiting list as expertise in the WGS increases.	Quarter 4
Equitable access for North Wales Services Users	Improving local access for north Wales service users.	Quarter 3

## **Gender Identity Development Service (GIDS) for Children and Young People**

WHSSC currently commissions the Gender Identity Development Service through NHS England, provided by the only specialist provider of gender identity services for children and young people in the UK, Tavistock and Portman NHS Foundation Trust.

On the 25<sup>th</sup> September NHS England announced an Independent Review into Gender Identity Services for Children and Young People. Dr Hilary Cass OBE, former President of the Royal College of Paediatrics and Child Health, will lead the review which will be wide-ranging in scope looking into several aspects of



gender identity services. The independent review will present recommendations to NHS England and Improvement's Quality and Innovation Committee early in 2021 and any commissioning actions arising from this review will be taken by WHSSC in conjunction with NHS England.

A Judicial Review involving the Tavistock & Portman NHS Foundation Trust has recently been concluded. WHSSC are currently working with NHS England to understand the implications for the GIDS service.

Issue	Action	Timeline
Independent Review of GIDs	Develop action plan arising from the Independent Review with NHS England	Quarter 2

## Traumatic Stress Wales

Traumatic Stress Wales, (previously known as the All Wales Traumatic Stress Quality Improvement Initiative) is a national quality improvement initiative which aims to improve the health and wellbeing of people affected by traumatic events. The Project Director and Lead for Psychological Therapies have been recruited to the national hub team based at WHSSC and recruitment continues for the remainder of the team. The national hub team will provide second opinion, monitor key quality indicators and provide training and resources to help improve the quality of local traumatic stress services and increase access to evidence based therapies. The Traumatic Stress Wales Service Improvement Specification went out for consultation earlier this year. All seven health boards have been invited to submit a request for funding for additional psychology resource and training to help deliver their traumatic stress services to the standards outlined in the service improvement specification. The hub team have already started delivering 'Guided Self Help' training called 'Spring' to health boards, targeted at people with mild to moderate PTSD. A website for Traumatic Stress Wales, containing resources and information on PTSD and CPTSD is in development and will be live early in 2021.

The Traumatic Stress Wales' national steering group, which includes representatives from the seven health boards, together with key stakeholders, continue to meet on a quarterly basis to oversee the development and implementation of the initiative. A number of work streams focusing on priority groups are also in development and will be fully established in 2021.

Issue	Action	Timeline
Full implementation of the TSW programme	All posts fully recruited Launch website Full implementation of service specification	Quarter 1 Quarter 1 Quarter 3

## Forensic Adolescent Consultation Treatment Service (FACTS)

FACTS is a tier 4 CAMHS service, consisting of multi-professional team that provide comprehensive assessments with recommendations for

management/reduction of risk for some of the most vulnerable children in Wales.

FACTS is currently under review, with the aim of developing a new service specification in 2021-22 to improve the patient pathway. A more joined up approach to commissioning between the health and justice system is being explored. Existing quality concerns are being addressed through the WHSSC escalation process.

Planned actions that should have full effect in Q1 include full recruitment to key vacant posts including medical, psychology and nursing. In addition the plan includes directed investment in service management to provide much needed direct management support. Further actions for Q1/Q2 will include agreement on the interim offer that YOT colleagues can expect from the FACTS service. In Q3/Q4 the plan is to have agreed service specifications, hosting intentions and the service structure to deliver subject to further resource discussions.

Issue	Action	Timeline
Stabilisation of the Service	WHSSC are working with CTM UHB on an improvement plan to address recruitment and retention issues <ul style="list-style-type: none"><li>Recruitment to key vacant posts including, medical, psychology and nursing</li><li>Investment in service management</li></ul>	Quarter 1
Support to Youth Offending Team	Agreement on the offer to YOTs	Quarter 1
FACTS Specification	WHSSC are working with CTM UHB and key stakeholders on the development of a draft service specification.	Quarter 3

### **Mental Health Portfolio**

Mental Health services are delivered for NHS Wales by HBs across various sites, NHS providers in England and independent providers in both Wales and England.

The development of a specialised Mental Health commissioning strategy is complex with a wide range of key drivers, some of which will be specific to a service area and others impacting across the full range of services. A project initiation document will be produced in quarter 1 of 2021-22 to steer the strategy development.

The secure care review currently being undertaken by the National Collaborative Commissioning Unit (NCCU) on behalf of Welsh Government will help inform the strategy development and it is expected that the written report will be available in May 2021.

The key enabler underpinning this work was the development of a formal SLA in April 2019 between WHSSC and the NCCU which is now being expanded to ensure the routine quality assessment of NHS Wales's inpatient providers is extended across WHSSC services. The team's expertise will be used to support WHSSC in its quality escalation processes, implementation of the new service specification and assessment of new providers.

Issue	Action	Timeline
Mental Health Programme	Develop a programme initiation document to pull all strands of the portfolio together	Quarter 1

The following areas have been identified as priority areas of the strategy:

### **Child & Adolescent Mental Health Services (CAMHS)**

To make recommendations on the future in-patient capacity and the potential for widening the scope of services. This will be informed by the review of inpatient demand undertaken by a task and finish sub group of the CAMHS Network Board and the Quality Assurance Improvement Service of NCCU. It will also consider the potential for developing new workforce models and recruitment and retention strategies in conjunction with Health Education & Improvement Wales (HEIW) WHSSC has agreed, in principle, the development of an SLA with the QAIS section of NCCU to take forward a number of streams of work related to Child & Adolescent Mental Health Services (CAMHS):-

1. UK National Issues including capacity & access.
2. Strategic issues affecting Welsh in-patient units, both short and longer term including implementation of the new Service Specification:
3. Pathways into in-patient units and the interface with other services including local authority care and the criminal justice system.
4. WHSSC escalation processes - QAIS will provide an advisory service for estate management to specify and advise on the environmental changes needed immediately and as a programme of improvement
5. Supporting the recently developed Bed Management Panel for tier 4 inpatient CAMHS beds.

Issue	Action	Timeline
Implementation of Service Specification	Confirmation that the service specification remains preferred way forward following NCCU work Gap analysis and work force models Implementation and resourcing plan Agree with Welsh Government and Health Boards any further developments to inpatient services	Quarter 1  Quarter 1 Quarter 2 Quarter 3

Wider pathways issues including community intensive support	Work with the DU and QAIS to develop actions arising from the review of community intensive care teams and the implications for tier 4 services	Quarter 3
Access to T4 beds in medium secure	Work with QAIS to develop plans to improve access to tier 4 beds in NHS England in particular for medium secure	Quarter 2
Eating disorder services	Work with the Eating Disorders sub group to agree a plan for tier 4 inpatient services	Quarter 2
Bed Management	Further refine the bed management panel and actions required around use of age appropriate beds	Quarter 2

### Secure Services: Learning Disability

The need to make recommendations on the development or otherwise of inpatient capacity for secure Learning Disability beds within Wales. This will take into account the findings of individual patient reviews report that was published by Welsh Government in February 2020.

Issue	Action	Timeline
Implementation of the recommendations from the individual patient reviews report	Develop an action plan to take forward the recommendations from the individual patient reviews report as appropriate to the WHSSC portfolio	Quarter 3
Secure inpatient capacity for patients with Learning Disabilities	Work with Welsh Government, QAIS and Health Boards to agree a plan for access to secure inpatient beds for Welsh Residents with a learning disability	Quarter 3

### Secure Services: Women

The secure review being undertaken by QAIS will look at the need for more secure capacity for women's beds in Wales. WHSSC will consider the implications of this review and develop commissioning intentions for women's secure services.

Issue	Action	Timeline
Access to secure services for Women	Develop a commissioning strategy for women's secure services plus a resourcing plan	Quarter 3

### Perinatal Mental Health Services - Mother and Baby Unit

The Minister for Health asked WHSSC to commission a mother and baby unit in south Wales and SBUHB identified an interim solution at Tonna Hospital. A major ward refurbishment programme is underway to provide an appropriate environment to deliver the new service which is expected to open in April 2021.

An option appraisal for a permanent MBU in south Wales has been completed and a programme to take this forward will be agreed with Welsh Government and Swansea Bay University Health Board as the provider of the service by end quarter 2.

WHSSC has also made considerable progress with NHS England for patients in north Wales to have access to a jointly planned development in the Cheshire & Mersey area. It is hoped that a site for this new service can be identified and agreed early in 2021 and that it is operational within a year of approval.

Issue	Action	Timeline
Interim MBU	Continue to work with SBUHB to ensure implementation of the service specification and opening of the unit in April 2021	Quarter 1

Permanent MBU	Continue to work with Welsh Government and SBUHB to progress the business case for the permanent MBU. Indicative resource plan to be agreed to inform the ICP for 2022-23	Quarter 3
Perinatal Mental Health services for north Wales residents	Working with NHS England, develop an implementation plan for a MBU that provides improved access for women from BCU and north Powys HBs	Quarter 3

## 12.2 Cardiac Commissioning Team

### Aortic Stenosis Commissioning Strategy

The development of the Commissioning Strategy aims to address a number of challenges including the expected rise in prevalence as the population ages, the emerging new treatment option, and provide WHSSC and the Providers of specialised cardiac surgery and interventional cardiology services with the opportunity to steer how these services are commissioned, how patients receive treatments for Aortic Stenosis (AS), and in the long term provide a sustainable solution to meet current and future patient demand.

Action	Timeline
Agree a clinical pathway for AS with a maximum waiting time of 18 weeks but with a view to work towards a maximum 12 week wait for treatment	Quarter 2
Agree the AS Clinical Pathway Development and Implementation Plan	

### Pulmonary Hypertension

In 2019-20 a review of current pathways and commissioning arrangements in place for Pulmonary Hypertension (PH) was undertaken. The main drivers for this work included:

- The delays that Welsh patients experience during the diagnostic and referral pathway for PH.
- The distance travelled by many Welsh patients to receive tertiary care.
- The recognition of a growing expertise base within Wales to manage these patients more locally.

A Clinical Working Group was established and the group developed a proposed streamlined PH pathway where diagnosis and investigations would be undertaken in a more timely way. A report has been completed.

Action	Timeline
Consider the options presented in the final project report 'A Pulmonary Hypertension Service for Wales' and develop a plan in conjunction with stakeholders to be able to take this work forward	Quarter 3

### **Inherited Cardiac Conditions (ICC)**

At the current time WHSSC do not formally commission an Inherited Cardiac Conditions (ICC) service although Genetic testing for ICC conditions is commissioned through the All Wales Medical Genomics Service. To consider the future needs for the population of Wales it has been agreed that WHSSC will undertake a needs assessment and review of the current services for ICC's across Wales. Work has already commenced and a base line assessment has been completed.

Actions Required	Timeline
Establish a stakeholder working group.	Quarter 1
To understand the clinical models in place across Wales	Quarter 1
Develop an outline proposal for how the future ICC services should be delivered across Wales	Quarter 2

### **Obesity Surgery**

The prevalence of obesity in Wales is increasing and it is estimated that around 600,000 adults aged over 16 in Wales are obese and 60,000 of those are severely obese, with a Body Mass Index (BMI) >40, with an estimated 10,000 more adults becoming obese each year. Referrals to the tier 4 Obesity Surgery services are lower than would be expected for the population of Wales and have been declining over the last two years and providers not delivering commissioned activity. A pathway review was undertaken by PHW on WHSSC's behalf – the final report has been delayed however the draft report highlights the variances in referral rates across the LHBs and the lack of tier 3 obesity services which impacts on the ability to refer patients to tier 4 services.

Actions Required	Timeline
Complete a review of the current Obesity Surgery Policy and Service Specification and undertake Key Stakeholder Consultation	Quarter 2
Undertake an assessment of any financial impact of the changes to the Commissioning Policy.	Quarter 2
Review the current arrangements for delivery of obesity surgery	Quarter 3

## Cystic Fibrosis

Phase one investment was made to the service in 2019 to manage the Cystic Fibrosis patient cohort which had grown to in excess of 300. Phase 2 to support the inpatient service expansion to manage this increased patient cohort will need to be delivered in 2021 in line with the opening of the completed new capital build at University Hospital Llandough. This will need to take into account the emerging positive impact of new drug therapies (Kaftrio).

Actions Required	Timeline
Work with the provider to determine the exact inpatient capacity requirements.	Quarter 1
Determine the impact of Kaftrio on capacity requirements.	Quarter 1

The following services have been supported for additional investment during 2021-22:

ICP Scheme	Actions to be taken	Timeline
Inherited Cardiac Conditions (SBUHB)	<ul style="list-style-type: none"><li>Agree investments priority with SBUHB</li><li>SBUHB to submit business case for scrutiny by Management Group</li></ul>	Quarter 1  Quarter 2
Cardiac MRI for Adults with Congenital Heart Disease	<ul style="list-style-type: none"><li>Agree investment priority with C&amp;VUHB</li><li>SBUB to submit business case for scrutiny by Management Group</li></ul>	Quarter 2  Quarter 3

## 12.3 Women and Children Commissioning Team

The WHSS Team has committed to work with providers throughout 2021-22 to develop an all Wales Specialist Paediatric Strategy. The overall aim of the project is to undertake an assessment of the current provision of specialised Paediatric Services in Wales, taking account of future sustainability and access in order to inform the development of the strategy. The programme to deliver the strategy will commence in quarter 1 to inform next year's integrated commissioning plan.

### Other Key Priorities

**Paediatric Inherited Metabolic Disease** – the service delivered from CVUHB is not sustainable. The Women and Children Commissioning Team are working at



pace with providers across the UK to implement a sustainable service from quarter 1 2021-22.

**Neonatal Transport service** – An interim 24 hour service commenced in south and mid Wales in January 2021 (north Wales and north Powys already have access to a 24/7 service). Work continues to agree the service model for a permanent service which will be in place by end quarter 1.

The following services have been supported for additional investment during 2021-22

<b>Scheme Title</b>	<b>Impact of Scheme</b>	<b>Timeline</b>
Paediatric Neurology	<ul style="list-style-type: none"> <li>• Increase in workforce to ensure sustainability</li> <li>• Timely access to care</li> <li>• 24/7 access</li> <li>• Video telemetry to improve access to whole pathway</li> </ul>	Quarter 1
Paediatric Cystic Fibrosis (Pharmacy)	<ul style="list-style-type: none"> <li>• Manage the needs of people with CF</li> <li>• Ensure safe and cost effective use of new medications for CF</li> </ul>	Quarter 1
Paediatric Clinical Immunology	<ul style="list-style-type: none"> <li>• Meet demand for immunodeficient paediatric patients</li> </ul>	Quarter 2
Paediatric Radiology	<ul style="list-style-type: none"> <li>• Collective commissioning</li> <li>• 24/7 cover in the Children's Hospital</li> <li>• Support for all DGHs in hours</li> </ul>	Quarter 2
Paediatric Gastroenterology	<ul style="list-style-type: none"> <li>• Increase workforce to ensure sustainability</li> <li>• 24/7 cover</li> <li>• Will bring service in line with national standards</li> </ul>	Quarter 3
Paediatric Rheumatology	<ul style="list-style-type: none"> <li>• Sustainable MDT</li> <li>• Repatriation of patients from NHS England</li> <li>• Current unmet demand that will be met</li> </ul>	Quarter 4

## 12.4 Cancer & Blood Commissioning Team

The following schemes have been prioritised for inclusion in the WHSSC ICP through the Clinical Impact Advisory Group process:

<b>Scheme</b>	<b>Actions</b>	<b>Implementation Timeline</b>
PET CT - new indications (inc. colorectal cancer, cholangiocarcinoma, dementia, gastrointestinal)	<ul style="list-style-type: none"> <li>• Complete stakeholder consultation and publish commissioning policy updated with new indications.</li> </ul>	Quarter 1

stromal tumours, lymphoma, prostate cancer).		
Stereotactic Ablative Body Radiotherapy (SABR) for oligometastatic cancer and hepatocellular carcinoma	<ul style="list-style-type: none"> <li>Commissioning policies for both oligometastatic cancer and HCC are already developed.</li> <li>Scrutiny of business case via Management Group.</li> </ul>	Quarter 2
Tuberous Sclerosis Complex specialist service	<ul style="list-style-type: none"> <li>Scrutiny of business case via Management Group.</li> </ul>	Quarter 1
Sarcoma radiology service	<ul style="list-style-type: none"> <li>Scrutiny of business case via Management Group.</li> </ul>	Quarter 1
Brachytherapy for prostate cancer	<ul style="list-style-type: none"> <li>Commissioning policy already developed.</li> <li>Scrutiny of business case via Management Group.</li> </ul>	Quarter 2

In addition, 2 further schemes were included following assessment of the clinical and cost effectiveness evidence by the Prioritisation Panel:

<b>Scheme</b>	<b>Actions</b>	<b>Implementation Timeline</b>
Allogeneic Haematopoietic Stem Cell Transplantation for adults with sickle cell disease	<ul style="list-style-type: none"> <li>Complete stakeholder consultation and publish commissioning policy updated with new indication.</li> </ul>	Quarter 1
Autologous Haematopoietic Stem Cell Transplantation for people with previously treated relapsing remitting multiple sclerosis	<ul style="list-style-type: none"> <li>Complete stakeholder consultation and publish commissioning policy updated with new indication.</li> </ul>	Quarter 1

### **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.

### **Specialist Radiotherapy**

WHSSC will develop a strategy and commissioning intentions for specialised radiotherapy for Wales to ensure patients have equitable access to sustainable,

high quality radiotherapy services as locally as possible. These services include Stereotactic Ablative Body Radiotherapy (SABR), Radioligand Therapy, Proton Beam Therapy (PBT), Brachytherapy and Paediatric Radiotherapy. The strategy will set out the key drivers (including population need, the evidence base and horizon scanning) and WHSSC's commissioning intentions across the various areas of service delivery.

Specific areas for the work programme in 2021-22 include:

<b>Issue</b>	<b>Action</b>	<b>Timeline</b>
Strategy for specialised radiotherapy	To develop the strategy for specialised radiotherapy for Wales	Quarter 3
SABR: designation of additional provider/s	To consider commissioning a second SABR provider in south Wales (in accordance with WHSSC's designation process).	Quarter 2
	To engage and explore the potential for considering repatriation of SABR to north Wales.	Quarter 3
Radioligand therapy: designation and repatriation	To consider commissioning a provider within south Wales to repatriate the service for patients with NETs (in accordance with WHSSC's designation process).	Quarter 3
Paediatric radiotherapy	To engage with stakeholders in Wales and NHS England with regard to a sustainable service model for paediatric radiotherapy as locally as possible.	Quarter 3

## **Hepato-Pancreato-Biliary Service**

WHSSC will continue to engage during 2021-22 with the strategic work currently in progress, led by the NHS Collaborative, on the provision and commissioning arrangements for hepato-pancreato-biliary (HPB) services for the population of Wales. WHSSC will also work with health boards on a collective commissioning basis with regard to the sustainability of tertiary hepatology provision for the population of south west, mid and south east Wales.

## **Other Service Developments**

- Teenage and Young Adult Cancer Service

WHSSC will commence work with stakeholders to map provision and patient need for specialised cancer services for teenagers and young adults to inform the direction of future service development.

- PET-CT Programme Business Case

The All Wales PET-CT Programme Business Case continues to be developed – encapsulating both PET-CT scanner and supporting infrastructure requirements for the next ten years and beyond. The Programme Business Case will be submitted to Welsh Government in early Q1. Subsequent actions for this programme will depend on the outcome of the submission to Welsh Government.

## 12.5 Neurosciences and Long Term Conditions Commissioning Team

There are three key strategic priorities during 2021/22 for the Neurosciences Commissioning Team.

### **Neurosciences Service Gateway Review**

WHSSC will continue to support the delivery plan developed in 2018 for the five year strategy for Specialised Neurosciences.

The gateway review will seek to explore whether the priorities identified within the first two years of initiating the strategy have been met with the investments made and the future plan to achieve all the remaining key strategic priorities.

### **Tertiary Thrombectomy Services for south Wales**

WHSSC will continue to provide commissioner support to further develop thrombectomy services across south Wales, particularly with the appointment of a Thrombectomy Project Manager to initiate the development of a business case for the Thrombectomy centre in the south Wales region. In conjunction with this proposal the commissioning team will support the work of the Stroke Implementation Group in the development of and commissioning arrangements for regional Hyper Acute Stroke Units (HASU's).

### **Relocation of Rehabilitation Services from Rookwood Hospital**

Rehabilitation Services based at Rookwood Hospital will be transferring to a state of the art building based in Llandough Hospital during 2021/22. The facilities for the new unit have been designed to enable patients to spend their day time hours in a specially designed area of the ward, which supports the provision of therapeutic support. WHSSC commissioning intentions is to ensure that the service is sustainable, equitable and continues to strive towards achieving the national standards for Rehabilitation.

Title	Scheme Objectives	Timeline
Neurosurgery Service Gateway Review	<ul style="list-style-type: none"> <li>To provide a sustainable and equitable service model</li> <li>To work towards achieving national standards</li> <li>Develop and publish the Adult Neurosurgery Service Specification</li> </ul>	Quarter 3

Tertiary Thrombectomy Services in south Wales and development of HASUs	<ul style="list-style-type: none"> <li>• Address long term commissioning arrangements</li> <li>• Ensure sustainability, deliverability and access of the Mechanical Thrombectomy service</li> <li>• Improve patient outcomes with the development of a more local regional centre.</li> </ul>	Quarter 2
Relocation of Rehabilitation services	<ul style="list-style-type: none"> <li>• To provide a sustainable and equitable model.</li> <li>• To work towards achieving national standards</li> <li>• Review the business case for Prolonged disorders of Consciousness (PDOC) – ICP20/21</li> </ul>	Quarter 2-4

The following schemes have been supported through the Clinical Impact Advisory Group (CIAG) process for additional investment during 2021/22.

<b>Scheme Title</b>	<b>Scheme Proposal</b>	<b>Timeline</b>
Prosthetics Service Swansea Bay UHB	<ul style="list-style-type: none"> <li>• To stabilise the service</li> <li>• Increase in the workforce to ensure sustainability</li> <li>• Addressing inequity</li> </ul>	Quarter 1
Neuro Oncology	<ul style="list-style-type: none"> <li>• Addressing inequity</li> <li>• Increase in workforce – consultant and AHP support</li> <li>• To stabilise the service currently single handed consultant</li> <li>• Improve access and outcomes</li> </ul>	Quarter 1
Spinal Injuries Rehabilitation	<ul style="list-style-type: none"> <li>• Increase in workforce to support patients to use therapy space</li> <li>• Address inequity</li> <li>• Delivering a sustainable model</li> <li>• To bring the service closer to meeting national standards</li> </ul>	Quarter 3-4
Relocation of Rehabilitation Services	<ul style="list-style-type: none"> <li>• Increase in workforce to support patients to use therapy space</li> <li>• Address inequity</li> <li>• Delivering a sustainable model</li> <li>• To bring the service closer to meeting national standards</li> </ul>	Quarter 3-4

The following schemes were not progressed through to the CIAG prioritisation process but are key priorities in the work plan for the Neurosciences Commissioning Team during 2021/22. WHSSC will consider the implications of these schemes and develop commissioning intentions either by reviewing the contracting model or the development of a scheme proposal for consideration for the next ICP 22-25.

<b>Scheme Title</b>	<b>Scheme Proposal</b>	<b>Timeline</b>
Neurosurgery	<ul style="list-style-type: none"> <li>• Include on the gateway review</li> <li>• Equitable access and sustainability and improve the delivery model</li> <li>• Increase theatre capacity and address workforce gaps</li> <li>• Improve access and outcomes</li> <li>• Review commissioning arrangements of some services</li> </ul>	Quarter 3
Stereotactic Radiosurgery (SRS)	<ul style="list-style-type: none"> <li>• Review the current contract model</li> </ul>	Quarter 3
Neuro-rehabilitation – Swansea Bay UHB	<ul style="list-style-type: none"> <li>• Addressing inequity</li> <li>• Increase in workforce to address the issue of the increase in acuity of patients</li> <li>• Strengthen the model of care</li> <li>• Review of the contracting model</li> </ul>	Quarter 2
Clinical Gait Analysis	<ul style="list-style-type: none"> <li>• Currently not designated as a WHSSC commissioned service.</li> <li>• Work with service in 2021-22 to understand interdependencies of service with existing WHSSC Prosthetic services</li> </ul>	Quarter 3
Functional Electrical Services	<ul style="list-style-type: none"> <li>• Not currently designated as a WHSSC commissioned service.</li> <li>• Work with service in 2021-22 to understand interdependencies of service with existing WHSSC services and supra-regional nature of the service currently.</li> </ul>	Quarter 3

## 12.6 Welsh Renal Clinical Network

The Welsh Renal Clinical Network continues to successfully commission a full range of renal replacement therapy and associated services via an integrated and clinically led process involving senior renal clinicians from across Wales. Core commissioned services include renal transplantation, haemodialysis (unit HD and home HD) and peritoneal dialysis.

### Priorities 2021-22

- Plans in train to further develop unit dialysis facilities notably completing North Wales refurbishment and procurement of a sustainable high quality service in South West Wales, including geographical and capacity expansion to include Neath Port Talbot and Bridgend localities.
- Further development of the Wales transplantation service to include innovative technology such as ANRP (Abdominal Normothermic Regional Profusion) to deliver better usage of organs and improve patient outcomes.

- Further improvements to access to home therapies utilising the learning gained and the findings from the research (Dialysis Choices) study led by WRCN Clinical Lead.
- To realise the benefits and complete the delivery of the Transformation Fund projects to digitise kidney care in Wales. Of note this will enhance patient safety by full roll-out of EPMA and make more efficient use of pharmacy resources. Patient education and training to be linked to the findings of the Dialysis Choices study to maximise impact.
- Roll-out across Wales of the digital solution to auditing staff to patient ratio's for both dialysis units and home therapies to gain assurance of patient safety.

### 13. Commissioner Assurance (see appendix 2)

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.

During 2021-22 a new Commissioning Assurance Framework will be introduced. The aim of this framework is to move beyond the basic infrastructure to the next stage of driving quality assurance and more importantly improvement in our specialised commissioned services. The introduction of the Commissioning Assurance Framework (CAF) is supported by a suite of documents and designed to support this ambition.

An implementation plan will also be developed to ensure that the CAF is delivered. Fundamental principles underpinning the Commissioning Assurance Framework Implementation.

Central to our approach is 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

Where concern regarding the quality of services are identified and remedial action is required escalation processes are initiated and acted upon in a timely manner.

#### 13.1 Performance Assurance (see appendix 3)

As a subset of the CAF a new commissioning performance assurance framework for WHSSC, has also been developed. This includes a reset commissioner relationship with commissioner Health Boards in Wales and a provider relationship across all the WHSSC contracts, performance assurance measurements and a revised performance assurance process.

As services move into recovery and to reflect the revised commissioning intentions a new performance assurance process has been developed to provide assurance on WHSSC commissioned service.

## 14. Financial Plan 2021-22 to 2023-24

This section sets out the financial plan for the period of the ICP:

- Current and forecast financial planning environment.
- Key assumptions and forecast financial model for 2021/22 and beyond.
- Residual risks and uncertainties.

### **Current and forecast financial planning environment**

The impact of COVID-19 has materially changed the financial planning environment for WHSSC impacting on the 2020/21 financial year and the outlook for 2021/22 and beyond.

The annual financial plans for specialised services have historically included the following consistent themes:

- Demand increases from Welsh providers coming through as contract over-performance at marginal cost and via planned developments.
- Demand increases from English providers coming through as contract over-performance at full cost using the national tariff system.
- An ambitious development programme of investment in Welsh services to ensure demand is met and service sustainability is delivered.
- A consistent trend of growth in expenditure on high cost drugs and new interventions from a growing patient cohort and the introduction of new and often high unit cost therapeutics mandated via NICE and other approval processes.
- Investment in capacity to achieve performance against formal waiting list targets, particularly for a range of specialised surgical interventions.

The experience of 2020/21 was significantly different resulting in a non-recurring material underspend against the budget arising from:

- Significant under-delivery against both Welsh and English provider contracts. The financial impact of this was initially flat against baseline budgets owing to the implementation of block contracts to stabilise the financial position of providers. However, the forecast growth in costs did not materialise resulting in a non-recurrent underspend.
- Contractual mechanisms for the second half of the year for English providers have transitioned to a mixed contracting approach of block payments offset by partial recovery of under-performance of between 10% and 20% depending on the level of delivery. The severe impact of the second wave is likely to result in significant cost recovery for some contracts.
- The first phase of COVID resulted in material reductions in activity across specialised services. The rate of recovery between providers has varied significantly. The second phase has seen initially been mitigated by the actions taken by providers to reorganise provision using green zones etc. However, as the second phase has become more acute the impact on specialised services is likely to have a material adverse impact on activity in the last quarter.
- Most high cost drug expenditure materialises as pass-through payments to providers. Significant underspending occurred as a result of lower



patient volumes and a pause in the approval of new high cost medicines from the NICE process. High cost cancer treatment costs were down owing to the need to delay some treatments associated with immunosuppression and consequent COVID risk. The spend on some highly specialised and costly medicines including enzyme replacement therapies also decreased as some patients chose treatment holidays as a means of managing their risks of COVID exposure.

- Whilst activity and expenditure has been lower in 2020/21 the impact has also been to create material waiting lists which will take time to reduce once performance returns to normal levels.
- The planned increase in ATMPs valued at circa £20m did not materialise owing to the pause in new approvals by NICE and funding was not drawn down from Welsh Government. This was notified early in the year to government to enable better planning of resources.

## **Key Assumptions for 2021/22**

The financial planning outlook and planning assumptions for 2021/22 is summarised as:

- Budgets will be re-set to the opening 2020/21 position.
- The growth provisions incorporated into the 2020/21 budget will be used to cover the forecast growth that will happen in 2021/22 after a year of flat growth in 2020/21.
- The provision for new medicines and growth for 2020/21 will be applied to meet the cost of forecast new growth for 2021/22.
- The majority of planned developments in service stabilisation did proceed in 2020/21 with some non-recurring slippage but the recurrent funding originally approved will be required as planned for 2021/22.
- Baseline budgets have been reviewed on a line by line basis and where possible budgets reduced and returned to health boards – for example in respect of cystic fibrosis.
- Provider inflation will be planned at 2% and reviewed in the light of final settlements of pay, prices and efficiency.
- The contracting framework with providers will be:
  - England – will revert to the national tariff framework with full cost rates for performance variation.
  - Wales – will revert to the cost and volume framework with marginal rates for performance variation.
- Activity levels will return to contracted levels by the end of quarter 1 but it is not expected that over-performance levels will return to historic levels and is more likely to be flat in practice.
- New medicines will be approved via NICE at the same rate as historic levels and expenditure on cancer medicines and high unit cost packages will return to normal.
- ATMPs will be approved NICE who will be working through a backlog of evaluations. It is assumed that the original 2020/21 requirement will be deferred to 2021/22. This planning assumption has been agreed with Welsh Government with funding drawn down only as required.
- Investment will be required to plan for recovery and tackle the waiting times backlog over a period of three years. A planning assumption limited

to 0.5% of allocation has been provided as capacity will continue to be constrained by the new post-COVID operating environment.

- Limited strategic investment will be required for a number of key strategic priorities including secure mental health, CAMHS and specialised paediatric services. These strategic investments will be required to meet government policy objectives, service specifications and service sustainability.

## **Residual Risks and Uncertainties**

The impact of COVID on specialised services delivery is still developing and there remains a number of key uncertainties which will need to be managed including:

- 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 increase initial cost certainty but decrease value for money and incentives to manage waiting times.
- 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 2021/22 the pace of return may vary by provider and specialty.
- Operating efficiency – the post-COVID 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 – the risks are the extent to which capacity will return to normal and then whether there will be sufficient additional capacity to address waiting times.
- Demand backlog – there is uncertainty as to the scale of the demand backlog and at what pace demand will present at historic levels.
- New medicines backlog – there is 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 and cancer therapies.
- Innovation pace – it is likely that the pace of innovation in specialised services both in therapeutics and services will continue at a higher pace than general services. There will continue to be limit on resources, affordability and relative prioritisation.

**WHSSC 2021-22 ICP Financial Summary**

	Commissioning HB Breakdown							2021/22 WHSSC Requirement
	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	
	£m	£m	£m	£m	£m	£m	£m	£m
<b>2020/21 Opening Income</b>	<b>128.918</b>	<b>144.748</b>	<b>116.630</b>	<b>99.069</b>	<b>77.829</b>	<b>28.722</b>	<b>85.332</b>	<b>681.247</b>
Utilisation Rebasing (2018 - 2020 average)	(0.102)	(0.262)	(0.048)	0.018	(0.604)	0.212	0.786	-
<b>Utilisation Adjusted Income</b>	<b>128.816</b>	<b>144.485</b>	<b>116.582</b>	<b>99.087</b>	<b>77.226</b>	<b>28.933</b>	<b>86.118</b>	<b>681.247</b>
Recurrent Adjustments	0.236	(0.556)	0.152	(0.038)	0.031	(0.095)	0.011	(0.259)
<b>Re-stated Rollover Requirement</b>	<b>0.134</b>	<b>(0.818)</b>	<b>0.104</b>	<b>(0.020)</b>	<b>(0.572)</b>	<b>0.117</b>	<b>0.797</b>	<b>(0.259)</b>
Full Year Effect of Prior Approved Commitments	1.112	0.273	0.943	0.802	0.710	0.153	0.761	4.754
Unavoidable Growth & Cost Pressures	1.385	1.151	1.158	1.039	0.878	0.272	0.894	6.777
New VBC Workstreams	(0.112)	(0.130)	(0.095)	(0.085)	(0.074)	(0.025)	(0.075)	(0.595)
<b>Underlying Rollover &amp; Growth</b>	<b>2.518</b>	<b>0.476</b>	<b>2.111</b>	<b>1.736</b>	<b>0.941</b>	<b>0.516</b>	<b>2.378</b>	<b>10.677</b>
<b>CIAG &amp; Prioritisation Schemes</b>	<b>0.506</b>	<b>0.208</b>	<b>0.733</b>	<b>0.403</b>	<b>0.218</b>	<b>0.068</b>	<b>0.192</b>	<b>2.329</b>
CIAG - medium priority schemes < 20	0.304	0.156	0.289	0.261	0.219	0.045	0.227	1.500
Strategic Specialist Priorities	0.338	0.401	0.285	0.256	0.221	0.076	0.224	1.800
Collective Commissioning TBC	0.074	-	0.063	0.056	0.049	0.008	0.049	0.300
NHS England Provider 2% Inflation	0.358	1.484	0.250	0.244	0.199	0.196	0.215	2.945
NHS Wales Provider 2% Inflation	2.329	1.090	2.059	1.769	1.096	0.279	1.258	9.881
Activity Recovery Fund	0.750	0.892	0.633	0.568	0.491	0.168	0.497	4.000
<b>ICP Investment 2021/22</b>	<b>7.179</b>	<b>4.708</b>	<b>6.422</b>	<b>5.293</b>	<b>3.435</b>	<b>1.357</b>	<b>5.039</b>	<b>33.432</b>
<b>Total WHSSC Requirement 2021/22</b>	<b>136.097</b>	<b>149.456</b>	<b>123.052</b>	<b>104.361</b>	<b>81.265</b>	<b>30.078</b>	<b>90.371</b>	<b>714.678</b>
<b>% Uplift Required</b>	<b>5.57%</b>	<b>3.25%</b>	<b>5.51%</b>	<b>5.34%</b>	<b>4.41%</b>	<b>4.72%</b>	<b>5.91%</b>	<b>4.91%</b>

## Financial Planning Summary 2021/22

The financial planning forecast for 2021/22 is detailed in the table above.

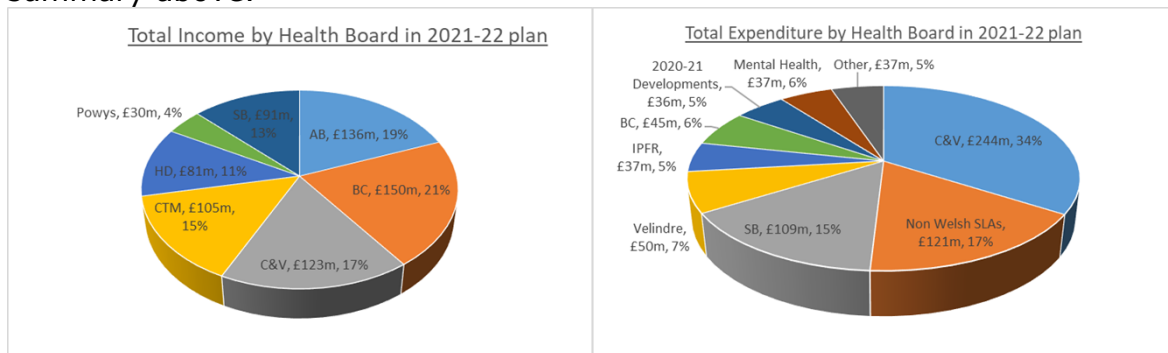
The core components are described as:

- Opening baseline – the starting point for the budget is the opening agreed budget for 2020/21 of £681.247m
- Risk sharing utilisation adjustment – the relative shares by health board have been adjusted based on the agreed risk sharing framework. Overall there is a zero impact of this adjustment but with redistribution between health boards. The maximum adverse movement is limited to 0.9%.
- Recurrent adjustments – recurrent adjustments to the baseline totalling - £259k have been included to reduce the net rollover requirement
- Full year effect of prior year commitments – the impact of these commitments is £4.754m
- Unavoidable growth and cost pressures – the impact assessment totals £6.777m
- New value based workstreams – the net cost is offset by value based schemes totalling £0.595m. This excludes provider efficiency requirements.
- CIAG and prioritisation requirements – the cost of CIAG and prioritisation schemes is £2.329m comprised of £2.027m high priority CIAG schemes and £0.302m prioritisation schemes.
- In addition CIAG medium risk schemes have been assessed totalling a further £2.654m. It is important to note that the prior sifting process means that even schemes which were not in the highest priority group may still represent a significant risk with a potential to emerge as an in-year cost pressure. There is therefore a nominal allocation of c£1.5m for the remaining schemes
- Strategic provision for mental health services – CAMHS and Secure Mental Health of £1.8m.

- Collective Commissioning initiative amounting to £0.3m.
- Provider inflation provision – provisional provider inflation has been provided for at 2% totalling £2.945m for English providers and £9.881m for Welsh providers
- Activity recovery fund – a provisional sum of £4.m (equivalent to circa 0.5%) has been set aside for a phased recovery of performance including addressing waiting list issues over a three year period

## Income and Expenditure Analysis

The contribution by Health Board towards the total plan is shown below. Betsi Cadwaladr make the biggest contribution (21%) and Powys the smallest (4%). The additional £35m investment by each Health Board is shown in the plan summary above.



CVUHB provides 34% of specialised services with 17% being provided outside Wales. 3 Welsh Health Boards contracts (shown in the other category) are less than £10m. SBUHB is 2<sup>nd</sup> largest Welsh provider.

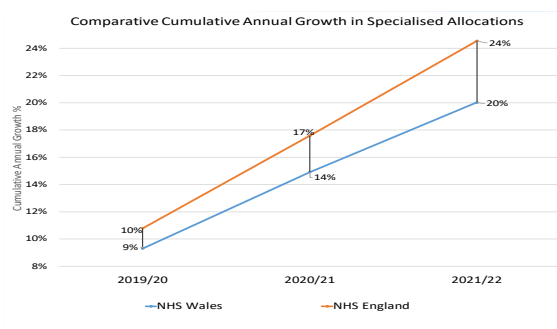
A detailed Financial Plan is attached in Appendix 4

## Specialised Services Allocation Context

In order to provide a sense check for the ICP the WHSSC plans for the last 5 years have tracked growth in income against the NHS England Specialised Services uplifts. Prior to 2020/21 this illustrated a gap of circa 8% over the period. This gap was partially reduced following central funding from Welsh Government to cover the material increase in costs arising from cross border tariff changes including pay awards and HRG4+ reform.

This plan revisits this analysis from a starting point of the finalised 2019/20 allocations, which includes recurrent uplifts for HRG4+ and the wage award. This illustrates that if the current 2021/22 requested ICP uplift of 5.11% is approved, then the cumulative Welsh specialised growth over the last 3 years still lags behind the current NHS England published allocation growth by more than 4%.

The Welsh comparator figures includes significant top sliced investments in the genetic test directory, precision medicine strategy and the 20/21 baseline commissioner investments in Mechanical Thrombectomies and Advanced Therapeutic Medicinal Products. It is important to ensure that the gap does not widen following further planned increases in England of at least 7.5% per annum.



	Finalised Growth		Published Planned Growth		
	2019/20	2020/21	2021/22	2022/23	2023/24
NHS Wales Specialised Services	8.81%	5.60%	5.11%	TBC	TBC
NHS England Specialised Services	10.29%	6.79%	6.95%	7.44%	7.68%

## 15. Risk Management

Risk Management is embedded in the activities of WHSSC through a number of processes.

A new Risk Management Strategy was developed and will be proposed for approval by the Joint Committee early in 2021.

The new Risk Management Strategy brings the assessment of risk into line with CTMUHB as its host organisation so that in the future reporting of risk will be based on one risk score likelihood X consequence moving from the current situation of risks being assessed against multiple domains.

## 16. Corporate Risk Assurance Framework (CRAF)

The Corporate Risk and Assurance Framework (CRAF) forms part of the WHSSC approach to the identification and management of risk.

The CRAF details the highest risks faced by the Health Board in meeting its strategic objectives and provides Joint Committee with a comprehensive method of describing its objectives, identifying key risks to their achievement and the gaps in assurances on which WHSSC relies. The framework is subject to continuous review by the relevant Executive leads, the Corporate Directors Group Board, the Joint Committee and the joint sub-committees.

The CRAF is informed by risks identified by the Commissioning Teams, Networks and Directorates. Each risk is allocated to an appropriate sub-committee for assurance and monitoring purposes, for example the Audit Committee or the Quality and Patient Safety Committee. The CRAF is received by the sub-committees as a standing agenda item. The Joint Committee receives the CRAF twice yearly.

In Quarter 1 of 2021 each commissioning team will reassess the risks which seems prudent as hopefully services move out of pandemic response and into recovery. A new Corporate Risk Assurance Framework will be developed and presented to Joint Committee by end quarter 1. The CRAF will be continuously reviewed in line with the Risk Management Strategy.

## 17. Socio Economic Duty

WHSSC recognises that the Socio-economic Duty, under the Equality Act 2010, requires relevant public bodies in Wales, which include local health boards, to have due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage when they take strategic decisions and that the duty comes into force on 31 March 2021. As a Joint Committee of the local health boards, this duty will be taken into account when planning and commissioning specialised services including evidencing a clear audit trail for all decisions made that are caught by the duty. This will be discharged by using existing processes, such as engagement processes and impact assessments.

Training on the Duty has been arranged for relevant staff

## Appendices

[Appendix 1 Key Achievements 2020-21](#)

[Appendix 2 Commissioner Assurance Framework](#)

[Appendix 3 Performance Assurance Framework](#)

[Appendix 4 Detailed Financial plans](#)