

**Joint Specialised Services Committee  
Draft Minutes  
Tuesday 13 May 2025  
10.30 am – 12.35 pm  
Via Microsoft Teams**

<b>Present:</b>	
Kaye Bentley	Independent Chair (Chair)
Chrissie Bugden	PA/Business Support to Director of Collaborative Commissioning, NHS England (Minute taker)
Carmen Chadwick-Cox	Deputy Director of Commissioning, Planned Care, NHS Somerset ICB
Luke Culverwell	Deputy Director of Specialised Commissioning, NHS England
Alun Davies	Patient and Public Voice representative
Sadaf Dhalabhoy	Deputy Director of Contracts & Performance, NHS England
Em Emery (from 10.52 am)	Director of Commissioning Finance, NHS England
Lou Farbus	Head of Stakeholder Engagement, NHS England
Helena Fuller	Deputy Director of Commissioning, Contracts and Procurement, NHS Bristol, North Somerset & South Gloucestershire ICB
Caroline Gamlin	Non Executive Director, NHS Somerset ICB
Christian Hamilton	Associate Director of Commissioning – Elective Care, NHS Gloucestershire ICB
Louise Higgins	Locality Director – North and East Devon Commissioning, NHS Devon ICB
Caroline Holmes (from 10.47 am till 12.30 pm)	Interim Executive Director of Place – Wiltshire Interim Executive Lead for Community, Planned Care and Cancer, NHS Bath and North East Somerset, Swindon and Wiltshire ICB
Graham Jones	PMO Manager, NHS England
Nevila Kallfa (till 11.00 am)	Deputy Director of Healthcare Public Health Programmes, South West Public Health Directorate, NHS England

Bex Kendall (till 11.33 am)	Deputy Director of Performance and Planning, NHS Dorset ICB
Clare Kennedy (till 11.38 am)	System Transformation Lead - Specialised Commissioning (Women & Childrens), NHS England
Rhiannon McVey	Senior Project Manager Transformation, NHS South, Central and West CSU
Rachel Pearce (till 11.18 am, and rejoined at 11.58 am)	Managing Director (System Development and Commissioning), NHS England
Emma Redfern	Medical Director for Commissioning, NHS England
Selena Riggs	Head of Acute Commissioning, NHS England
Ben Roe	Clinical Quality and Improvement Director, NHS England
Adam Smith-Collins (for item 3)	Consultant Neonatologist and Clinical Director for SW ODN, United Hospitals BW
Steve Sylvester	Director of Collaborative Commissioning, NHS England
Geoff Underwood	Programme Director, Strategic Organisational Development and Transformation, NHS South, Central and West CSU
Melanie Wilkey	Director of Commissioning for Specialised Services, NHS Wales, Joint Commissioning Committee
Kat Young	Head of Acute Transformation, Specialised Commissioning/ Lead for Specialised Commissioning Clinical Networks/ Operational Delivery Networks/ Equality Diversity and Inclusion Rep, NHS England
Sarah Zanoni	Deputy Director of Nursing & Quality, NHS England
<b>Apologies:</b>	
David Barron	Director of Specialised Commissioning and Health & Justice – South East, NHS England
Susan Bracefield	Chief Nursing Officer, NHS Cornwall and Isles of Scilly ICB
Shane Devlin	Chief Executive, NHS BNSSG ICB
Iolo Doull	Medical Director, Welsh Health Specialised Services Committee, NHS Wales
John Finn	Director of Commissioning and Delivery (Deputy COO), NHS Devon ICB
Caroline Graham	Senior Commissioning Manager, NHS Gloucestershire ICB
John Groom	Director of planned care, NHS Cornwall and Isles of Scilly ICB

Warwick Heale	ICS Development Director, NHS Devon	
Jonathan Higman	Chief Executive, NHS Somerset ICB	
David McClay	Chief Officer for Strategy, Digital & Integration, NHS Somerset ICB	
Bernie Marden	Chief Medical Officer, NHS Somerset ICB	
Joanne Medhurst	Chief Medical Director, NHS Bristol, North Somerset and South Gloucestershire ICB	
Kate Shields	Chief Executive, NHS Cornwall and the Isles of Scilly ICB	
Paul Slade	Patient and Public Voice representative	
John Stanley	Head of Finance, NHS England	
Vinay Takwale	Medical Director, NHS England	
Sarah Truelove	Deputy Chief Executive and Chief Finance Officer, NHS Bristol, North Somerset & South Gloucestershire ICB	
Mark Walkingshaw	Director of Operational Planning and Performance, NHS Gloucestershire ICB	
Item		Action
<b>1.</b>	<b>Welcome, Apologies, Introductions and notification of any Conflicts of Interest</b>	
	<ul style="list-style-type: none"> <li>Kaye Bentley welcomed all to the first Committee meeting to take place post-delegation and noted apologies.</li> <li>Kaye welcomed Caroline Holmes, who had replaced Rachael Backler, NHS Bath &amp; North Somerset, Swindon and Wiltshire ICB.</li> <li>Kaye Bentley thanked all for the papers provided, which included the use of cover sheets. ICBs to consider how papers will be taken to their committees. Caution was advised not to share papers where they are not appropriate for a public setting.</li> </ul> <p>Joint Directors Group to consider how papers to be shared and what approach each ICB would wish to take.</p> <p><b>ACTION: ALL</b></p>	ALL

	<ul style="list-style-type: none"> <li>No conflicts of interest were declared in relation to the agenda. Declarations of interest to be tested at the beginning of every meeting.</li> </ul>	
<b>2.</b>	<b>Governance</b>	
<b>2.1</b>	<p><b><u>Ratification of Minutes of the last Joint Specialised Services Committee, held on 18/3/25 - and Matters Arising not on the agenda</u></b></p> <ul style="list-style-type: none"> <li>Minutes of 18/3/25 were approved as an accurate record.</li> </ul>	
<b>2.2</b>	<p><b><u>Joint Specialised Services Committee Action Tracker</u></b></p> <ul style="list-style-type: none"> <li>Luke Culverwell updated on outstanding actions:- <ul style="list-style-type: none"> <li>* Number 211 – BSW Quality involvement in processes around Salisbury Spinal Cord Injury Unit – conversation to take place as it relates to system flow - open.</li> <li>* Number 210 – Mental health assurance report – relates to provider collaborative item - closed.</li> <li>* Number 203 – Aseptic unit risk – confirmed that this is tied into spending review – waiting for second phase to be announced, and it is on Operational Plan - closed.</li> <li>* Bed closures at Riverside – A report on the next stage to be submitted to July 2025 Joint Directors Group (4/7/25). <b>ACTION: Luke Culverwell</b></li> </ul> </li> </ul>	
<b>2.3</b>	<p><b><u>Responsibility and Accountability Matrix</u></b></p> <ul style="list-style-type: none"> <li>Steve Sylvester and Sarah Zaroni presented the Responsibility and Accountability Matrix for visibility. It was emphasised that it was a live, work-in-progress and complex document, with the need for continuous updates and improvements to be made, and which would be improved as time progressed.</li> </ul> <p>The importance of understanding roles and responsibilities between NHS England, ICBs and other stakeholders was emphasised.</p>	Luke Culverwell

	<ul style="list-style-type: none"> <li>• The report had been submitted to Regional Executive Team and Quality Committee.</li> <li>• Steve Sylvester clarified the role of the lead provider for the Mental Health Provider Collaborative, and that the lead provider was not the legal commissioner but fulfils many functions of a commissioner through contractual arrangements.</li> <li>• With regard to how ODN managed services fit into the Matrix, Steve Sylvester clarified that ODNs are commissioned from NHS England, hosted by providers, and work alongside the team, supporting both commissioning and operational aspects. Governance takes place through Joint Directors Group and Joint Specialised Services Committee, and the Committee has control of the work programmes.</li> <li>• Kaye Bentley suggested that the Committee should receive updates on the Matrix, especially after significant changes or reviews, such as the review of retained services. Steve Sylvester to submit the updated document back to the Committee in September 2025 (16/9/25). <b>ACTION: Steve Sylvester</b></li> </ul>	Steve Sylvester
<b>2.4</b>	<p><b><u>Specialised Services Risk Report</u></b></p> <ul style="list-style-type: none"> <li>• Luke Culverwell presented the Specialised Services Risk Report, highlighted the key risks, both delegated and retained, including cleft lip and palate, and the impact of delegation and transition.</li> <li>• NHS England continued to hold a risk register for retained services. Delegated services' risks to be held on NHS Somerset ICB's risk register. The Commissioning Hub holds a risk register for delegated services. Individual ICBs to decide which risks they want to recognise on their own risk registers.</li> <li>• The Committee's remit is to approve the risk register and take decisions on the closure of any risks on the delegated risk register. There were no delegated risks for closure.</li> </ul>	

2.5	<ul style="list-style-type: none"> <li>• In future, the full delegated risk register will be made available on a live SharePoint space for ICBs to access.</li> <li>• Noted that a risk recognised around retained services, in relation to a national procurement for hyperbaric oxygen therapy services, would be commercially sensitive.</li> <li>• Luke Culverwell confirmed that cleft lip and palate risk, which had remained on the register, would likely be de-escalated in the next cycle as the situation improved. Kaye Bentley suggested a need for tidying up any discrepancies for the cleft lip and palate scoring details.</li> <li>• Kaye Bentley emphasised the importance of keeping the risk register updated with actions taken between Committee meetings to reflect ongoing efforts and changes.</li> <li>• The Specialised Services risk report was approved.</li> </ul> <p><b><u>Review of Joint Specialised Services Committee Terms of Reference</u></b></p> <ul style="list-style-type: none"> <li>• Luke Culverwell presented that Joint Specialised Services Committee's Terms of Reference had been updated to reflect changes in legalities, as a result of delegation having taken place on 1/4/25.</li> <li>• The Committee had technically become a new Committee and was a sub-committee of the Principal Commissioner, NHS Somerset ICB, and of the other ICBs.</li> <li>• The Joint Specialised Services Committee's revised Terms of Reference had already been approved by all ICB Boards and NHS England through the approval and signing of Delegation Agreements and the Specialised Services ICB Collaboration Agreement in March 2025, to which the Terms of Reference were annexed.</li> <li>• One change had been the removal of NHS England's voting rights in respect of delegated matters, ie NHS England's rights to intervene in delegated matters would be via the delegation and other agreements.</li> </ul>	
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	<ul style="list-style-type: none"> <li>Operational Delivery Networks are formally commissioned by NHS England, and the role of Joint Specialised Services Committee where NHS England does have voting rights, is in the joint commissioning of the ODNs eg ODN work programme joint commissioning decision between NHS England and ICBs.</li> <li>Committee was also requested to approve the existing Joint Directors Group as a sub-group of Joint Specialised Services Committee.</li> <li>Also requested to approve Joint Directors Group Terms of Reference for adoption, which had previously been approved, but updated to reflect changes in legality.</li> <li><u>Membership list</u> – The membership list for Joint Specialised Services Committee, which sits within the Terms of Reference, to be submitted to every Committee as a standing item. ICBs to review the Membership list for accuracy and confirm any changes. <b>ACTION: ICBs</b></li> <li>These were all approved.</li> </ul>	ICBs
<b>3.</b>	<b>Presentation – Neonatal Critical Care</b>	
	<ul style="list-style-type: none"> <li>Adam Smith-Collins, UHBW, discussed the need for additional neonatal cots in the South West, emphasised the importance of reducing the number of infants transported out of the region.</li> <li>Adam highlighted the risks associated with transporting infants out of the region, including delays in treatment and increased travel time, which can lead to worse outcomes. While the special care cots would primarily serve the local population, they also play a role in patient flow and reducing family displacement.</li> <li>The Committee was requested to endorse the network capacity report and support and endorse the ongoing work with UHBW to understand the costs of meeting the recommendation for additional neonatal cots.</li> </ul>	

	<ul style="list-style-type: none"> <li>The Committee endorsed the development of the revenue case for the additional cots, with a focus on understanding the costs and ensuring the continuity of care for existing patients.</li> <li>Longer term planning arrangements to be investigated. Steve Sylvester to present the South West position to national team. <b>ACTION: Steve Sylvester</b></li> <li>Luke Culverwell to circulate the full business case for the late effects of radiotherapy services to Committee members for review. <b>ACTION: Luke Culverwell</b></li> <li>Noted that the papers were not for sharing, as not for public domain.</li> </ul>	<p>Steve Sylvester</p> <p>Luke Culverwell</p>
<b>4.</b>	<b>Operational Business</b>	
<b>4.1</b>	<p><b><u>Committee Planning for 2025/26 Update Report</u></b></p> <ul style="list-style-type: none"> <li>Luke Culverwell highlighted items on the forward planner for Joint Specialised Services Committee:-</li> <li><u>22/7/25</u> – <ul style="list-style-type: none"> <li>* Gender Services Commissioning.</li> <li>* Approval of recommendations around cost pressures and investments to close the 2025/26 planning round.</li> <li>* Mental Health bed capacity and closures.</li> </ul> </li> <li><u>16/9/25</u> – <ul style="list-style-type: none"> <li>* Commissioning intentions for next year, and planning round, for Committee’s decision.</li> </ul> <p>Luke Culverwell and Alun Davies to meet offline to discuss how this might look in terms of accessibility for Alun.</p> <p><b>ACTION: Luke Culverwell/Alun Davies</b></p> </li> </ul>	<p>Luke Culverwell/ Alun Davies</p>

<p>4.2</p>	<p><b><u>Directors Report</u></b></p> <ul style="list-style-type: none"> <li>• Steve Sylvester presented report, which incorporated summarised key issues arising from national papers.</li> <li>• It was noted that delegation had taken place from 1/4/25.</li> <li>• Formal confirmation of timeframes was awaited for staff to be transferred to NHS Somerset ICB.</li> <li>• Steve Sylvester suggested that, in future, unratified minutes plus action notes from Joint Specialised Services Committee meetings be signed off by Kaye Bentley and Steve Sylvester, and shared with ICBs after each Committee meeting, in order that ICBs can share unratified minutes with their boards, rather than wait for minutes of meetings to be ratified, as meetings are held bimonthly.</li> <li>• Also it was to be decided whether there was the possibility of splitting Joint Specialised Services Committee meetings into Part A and Part B for sensitive topics.</li> <li>• The Directors Report was endorsed.</li> </ul>	
<p>4.3</p>	<p><b><u>Integrated Specialised Services Performance, Finance and Quality Report (including South West Commissioning Finance Report Month 12)</u></b></p> <ul style="list-style-type: none"> <li>• Luke Culverwell referred to the report, which had been submitted to Joint Directors Group, and highlighted key issues.</li> <li>• Elective and day case activity was five percentage points higher than last year, which was 16% over 2019/20 baseline levels. Performance continued to hold up in neurosurgery, cardiology and cardiac surgery, which were all stronger than at this point last year.</li> </ul> <p>Cancer performance in the South West continued to outpace the national rolling average in terms of 62 day performance, but noted that this was still significantly below the national target.</p>	

	<ul style="list-style-type: none"> <li>• In future performance reporting there will be increased focus around understanding the position with regard to constitutional standards, the Referral to Treatment - RTT - 18 week target, which will become the key metric for measuring improvements in activity performance, rather than the previous focus on the reduction of the long wait cohort of patients that had built up during COVID-19.</li> <li>• Em Emery confirmed that there had been a £2.1bn budget and the 2024/25 year ended across retained and delegated with £2,000 underspend, which was a good result.</li> </ul> <p>There had been a £226m plan for ERF, and the year ended at £270m, which was 124.9% of baseline, a great achievement. Wider variable also over-performed.</p> <p>There had been non-NHS key pressures in 2024/25, for example, PET CT, but all had been managed within the overall quantum, and there had been underspend in renal and burns activity.</p> <ul style="list-style-type: none"> <li>• Steve Sylvester noted that the established, structured work programme's plans and aspirations would be submitted to Joint Specialised Services Committee. A governance structure had been put in place within the Hub, with the first PMO meeting having taken place on 12/5/25.</li> <li>• Luke Culverwell to submit a progress update report on performance and reporting to July 2025 Joint Specialised Services Committee (22/7/25), via Joint Directors Group. <b>ACTION: Luke Culverwell</b></li> </ul>	
4.4	<p><b><u>Retained Services</u></b></p> <p><b><u>Commissioning Intentions for retained specialised services 2025/26 (approved at National Commissioning Group (NCG) on 25/3/25)</u></b></p> <ul style="list-style-type: none"> <li>• Steve Sylvester reported, for visibility and noting.</li> </ul>	Luke Culverwell

<b>5.</b>	<b>Strategy and Forward View</b>	
<b>5.1</b>	<b><u>Delegated Specialised Commissioning Financial Plan 2025/26</u></b> <ul style="list-style-type: none"> <li>• Em Emery presented the Delegated Specialised Commissioning Financial Plan for 2025/26, highlighting the balanced plan and the identification of £5m for investment priorities.</li> <li>• Joint Specialised Services Committee approved the plan.</li> <li>• Em Emery explained the allocation for wider variable activity, including chemotherapy and radiotherapy, and the need for close monitoring to manage risks and ensure financial control.</li> <li>• Joint Specialised Services Committee discussed the £5m set aside for investment priorities, with plans to review and decide on the allocation in the July 2025 Joint Specialised Services Committee (22/7/25). <b>ACTION: Em Emery</b></li> <li>• The Plan was approved.</li> </ul>	Em Emery
<b>5.2</b>	<b><u>Planning Update</u></b>	
<b>5.2a</b>	<b><u>Commissioner position on coding and counting changes</u></b> <ul style="list-style-type: none"> <li>• Luke Culverwell requested Joint Specialised Services Committee approval to hold the line on coding and counting changes, ensuring financial neutrality until April 2027.</li> <li>• Joint Specialised Services Committee agreed to adopt this position for Specialised Commissioning, and recommended that ICBs consider a similar approach to maintain consistency and financial control.</li> <li>• ICBs to take the recommendation on coding and counting changes back to their ICBs for discussion and alignment and advise. <b>ACTION: ICBs</b></li> <li>• Luke Culverwell to submit a report to Joint Directors Group on how it would apply to wider ICB services. <b>ACTION: Luke Culverwell</b></li> </ul>	ICBs  Luke Culverwell

5.2b	<p><b><u>LERS pilot extension funding</u></b></p> <ul style="list-style-type: none"> <li>• Luke Culverwell requested Joint Specialised Services Committee approval for funding continuity of care for existing patient cohorts. Negotiations had previously taken place with Macmillan to identify funds to extend the pilot for a second year.</li> <li>• Luke Culverwell to circulate the report which had previously been submitted to Joint Directors Group. <b>ACTION: Luke Culverwell</b></li> <li>• This was approved.</li> </ul>	Luke Culverwell
5.3	<p><b><u>Operational Delivery Networks – Work Programmes Approval</u></b></p> <ul style="list-style-type: none"> <li>• Joint Specialised Services Committee agreed to approve the ODN work programmes via email, due to lack of quorum. This had previously been submitted to Joint Directors Group. <b>ACTION: Steve Sylvester</b></li> </ul>	Steve Sylvester
5.4	<p><b><u>South West Specialised Commissioning Strategy/Medium Term Plan</u></b></p> <ul style="list-style-type: none"> <li>• Steve Sylvester gave an update and emphasised the importance of engaging ICBs, eg thrombectomy. Steve Sylvester to consider some examples. Geoff Underwood to post a link in the chat for access to a survey. <b>ACTION: Steve Sylvester</b></li> </ul>	Steve Sylvester
5.5	<p><b><u>Extension to Mental Health Provider Collaborative Contracts</u></b></p> <ul style="list-style-type: none"> <li>• Steve Sylvester requested approval to extend the mental health provider collaborative contracts for a further year to allow time for future commissioning requirements. This had previously been submitted to Joint Directors Group.</li> </ul> <p>Joint Specialised Services Committee agreed to recommend approval of the extension via email, due to the lack of quorum, to ensure timely notification to providers. Steve Sylvester to send an email. <b>ACTION: Steve Sylvester</b></p>	Steve Sylvester

<b>5.6</b>	<b><u>Ethical Framework</u></b> <ul style="list-style-type: none"> <li>The ethical framework to be submitted to Joint Directors Group for review and brought back to Joint Specialised Services Committee for approval. <b>ACTION: Steve Sylvester</b></li> </ul>	Steve Sylvester
	<b>Items for Information</b>	
<b>6.</b>	<b>Minutes of Joint Directors Group held on 14/3/25 and 7/2/25</b>	
	<ul style="list-style-type: none"> <li>The minutes to be made available on shared SharePoint drive for information.</li> </ul>	
<b>7.</b>	<b>Any Other Business</b>	
<b>7.1</b>	<b><u>Governance for attendance at Joint Specialised Services Committee</u></b> <ul style="list-style-type: none"> <li>Rachel Pearce emphasised that Joint Specialised Services Committee was a sub-committee of all ICB boards, and underscored the importance of members attending the entire meeting, to ensure it remains quorate.</li> </ul> <p>Rachel Pearce requested that the message that attendance being akin to a board meeting be conveyed to ICBs. Rachel will contact ICB Chief Executives to reinforce this. <b>ACTION: ALL/Rachel Pearce</b></p>	ALL/ Rachel Pearce
<b>8.</b>	<b>Dates of Future Meetings (via Microsoft Teams)</b>	
	<p>Tuesday 22/7/25, 2.00 pm – 4.00 pm  Tuesday 16/9/25, 2.00 pm – 4.00 pm  Tuesday 18/11/25, 1.30 pm – 3.30 pm  Tuesday 20/1/26, 2.00 pm – 4.00 pm  Tuesday 17/3/26, 2.00 pm – 4.00 pm</p>	