

**Joint Specialised Services Committee
Draft Minutes
Tuesday 16 September 2025
2.00 pm – 3.09 pm
Via Microsoft Teams**

Present:	
Alun Davies	Patient and Public Voice representative (Chair)
Matthew Backler	Acting Chief Finance Officer, NHS Bristol, North Somerset and South Gloucestershire ICB
Sean Beeken	Deputy Director of Elective & Diagnostics, NHS Devon ICB
Chrissie Bugden	PA/Business Support to Director of Collaborative Commissioning, NHS England (Minute taker)
Elle Burford	Senior Communications and Engagement Manager, NHS England
Carmen Chadwick-Cox	Deputy Director of Commissioning, Planned Care, NHS Somerset ICB
Liz Cosford	Interim Director Primary Care and Public Health, NHS England
Luke Culverwell	Deputy Director of Specialised Commissioning, NHS England
Sadaf Dhalabhoy	Deputy Director of Contracts & Performance, NHS England
Nicky Dunning	Commissioning & Delivery Specialist Manager, NHS Devon ICB
Em Emery	Director of Commissioning Finance, NHS England
Lou Farbus	Head of Stakeholder Engagement, NHS England
John Finn	Director of Commissioning and Delivery (Deputy COO), NHS Devon ICB
Caroline Gamlin	Non Executive Director, NHS Somerset ICB
Caroline Graham	Senior Commissioning Manager, NHS Gloucestershire ICB
John Groom	Director of planned care, NHS Cornwall and Isles of Scilly ICB
Christian Hamilton	Associate Director of Commissioning – Elective Care, NHS Gloucestershire ICB

Caroline Holmes	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
David Jarrett	Chief Delivery Officer, NHS Bristol, North Somerset & South Gloucestershire ICB
Graham Jones	PMO Manager, NHS England
Nevila Kallfa	Deputy Director of Healthcare Public Health Programmes, South West Public Health Directorate, NHS England
Bex Kendall	Deputy Director of Performance and Planning, NHS Dorset ICB
Cherry Pannell-Berry	Communications and Engagement Manager, NHS England
Emma Redfern	Medical Director for Commissioning, NHS England
Ben Roe	Clinical Quality and Improvement Director, NHS England
Steve Sylvester	Director of Collaborative Commissioning, NHS England
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
Apologies:	
David Barron	Director of Specialised Commissioning and Health & Justice – South East, NHS England
Kaye Bentley	Independent Chair
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
Helena Fuller	Deputy Director of Commissioning, Contracts and Procurement, NHS Bristol, North Somerset & South Gloucestershire ICB
Jonathan Higman	Chief Executive, NHS Somerset ICB
David McClay	Chief Officer for Strategy, Digital & Integration, NHS Somerset ICB

Rhiannon McVey	Senior Project Manager Transformation, NHS South, Central and West CSU
Bernie Marden	Chief Medical Officer, NHS Somerset ICB
Jo Medhurst	Chief Medical Director, NHS Bristol, North Somerset and South Gloucestershire ICB
Rachel Pearce	Managing Director (System Development and Commissioning), NHS England
Selena Riggs	Head of Acute Commissioning, NHS England
Jane Rowland	Interim Director for Planned Care, Cancer and Community Services, BSW Integrated Care Board
Gill Ryan	Programme Director, Transformation, NHS South, Central and West CSU
Kate Shields	Chief Executive, NHS Cornwall and the Isles of Scilly ICB
John Stanley	Head of Finance, NHS England
Louise Tranmer	Transformation Director, Transformation NHS South, Central and West CSU
Geoff Underwood	Programme Director, Strategic Organisational Development and Transformation, NHS South, Central and West CSU
Mark Walkingshaw	Director of Operational Planning and Performance, NHS Gloucestershire ICB
Melanie Wilkey	Director of Commissioning for Specialised Services, NHS Wales, Joint Commissioning Committee

Item		Action
1.	Welcome, Apologies, Introductions and notification of any Conflicts of Interest	
	<ul style="list-style-type: none"> Alun Davies welcomed all and noted apologies. 	
2.	Governance	
2.1	<p><u>Ratification of Minutes of the last Joint Specialised Services Committee, held on 22/7/25 - and Matters Arising not on the agenda</u></p> <ul style="list-style-type: none"> Minutes of 22/7/25 were approved as an accurate record. 	

2.2	<p><u>Joint Specialised Services Committee Log of Actions from 22/7/25</u></p> <ul style="list-style-type: none"> • <u>Action no. 234</u> - Luke Culverwell proposed the closure regarding sarcoma, as a group involving both Plymouth and Royal Cornwall had been established to address the issue, and this was agreed. ACTION: Luke Culverwell • <u>Action no. 235</u> - audit compliance statement – noted that this was included in the Director’s report. • <u>Action no. 238 - Ethical Framework and Planning Principles:</u> Luke Culverwell noted that the Ethical framework item had been deferred to November 2025 (18/11/25), and planning principles would be discussed verbally later in the meeting, as written materials were not ready. 	Luke Culverwell
2.3	<p><u>Joint Specialised Services Committee Action Tracker, from April 2025</u></p> <ul style="list-style-type: none"> • <u>Action no. 230</u> - Riverside reopening - Luke Culverwell reported that a timescale had recently been received for a proposed reopening. Progress and updated timelines for the reopening of Riverside (target January 2027) and Bowman Unit (now February 2026) mental health facilities to be monitored. ACTION: Luke Culverwell 	Luke Culverwell
2.4	<p><u>Joint Specialised Services Committee Membership List</u></p> <ul style="list-style-type: none"> • It was noted that the membership of the Committee may fluctuate because of the various changes taking place. • There will continue to be seven ICBs until March/April 2027, announcements of new Chief Executives was awaited. Luke Culverwell and Steve Sylvester to conduct a review of Joint Specialised Services Committee’s Terms of Reference in January 2026 (20/1/26) to reflect organisational changes and ensure appropriate governance arrangements. ACTION: Luke Culverwell/Steve Sylvester 	Luke Culverwell/ Steve Sylvester

2.5	<p><u>Technical Change to Collaboration Agreement</u></p> <ul style="list-style-type: none"> • Luke Culverwell introduced a tabled item to record a change in the collaboration agreement, reallocating £35m from the principal commissioner arrangement back to the seven ICBs to comply with a national payment mechanism for low volume, low value activity, with Rachel Pearce's approval and audit requirements met. <p>This was a cost-neutral, technical adjustment required for compliance, with all relevant finance officers having approved it.</p> <p>The Joint Specialised Services Committee formally recorded approval for audit purposes. It was agreed that Luke Culverwell to formally record and communicate the approved change to the collaboration agreement that reallocates £35m from the principal commissioner arrangement back to the seven individual ICBs for mandated LVA payments, ensuring audit compliance.</p> <p>ACTION: Luke Culverwell</p>	Luke Culverwell
3.	Operational Business & Assurance	
3.1	<p><u>Director's Report</u></p> <ul style="list-style-type: none"> • Steve Sylvester reported on the ongoing organisational changes. A formal letter regarding the outcome of the NHS England commissioning review was expected. • • Steve Sylvester explained that no further transfers of commissioning responsibilities or staff to ICBs will occur until April 2027, with some services such as Health & Justice, and Vaccines & Screening, potentially transferring at that time. • • If colleagues hear the term "Office of Pan-ICB Commissioning" for national and regional offices being established, this was confirmed as being the same as the existing South West Collaborative Commissioning Hub, and which was already structured to meet these requirements. 	

3.2	<ul style="list-style-type: none"> • Contracting: Steve Sylvester thanked all colleagues for the significant amount of work carried out in securing and signing off of all NHS contracts for the year, with all signed except for two Welsh providers, and Cobalt's contract variation order. There would be ongoing follow-up for contracts with providers outside the South West. The team was in a strong position regarding contract compliance. • Issues arising from Delegated Commissioning Group (DCG) for services held on 16/9/25:- Two key items:- <ul style="list-style-type: none"> - <u>Severe intestinal failure</u> - a retained service which will be delegated to ICBs in April 2027. - <u>PET CT</u> - a service which will be delegated from April 2027, which will be a reprocurement process. Reports to be submitted to Joint Directors Group for visibility. ACTION: Luke Culverwell • Delegation Conditions and Audit: Steve Sylvester noted that all conditions were currently met with regard to the mid-year assessment of compliance with delegation conditions, and highlighted the need to formally record this for upcoming NHS England audits, with Luke Culverwell to present a year-end compliance report on delegation conditions in March 2026 (17/3/26) for Joint Specialised Services Committee. ACTION: Luke Culverwell <p>Luke Culverwell noted that the slight change to Committee portfolio triggered one of the delegation conditions, but conditions were satisfied. This was agreed.</p> • The Director's Report was endorsed. <p><u>Integrated Specialised Services Performance, Finance and Quality Report. Includes:</u> M4 Finance Report, Operational Plan updates, ODN updates, Contracting update report</p> <ul style="list-style-type: none"> • Luke Culverwell presented updates on quality, performance, and finance, covering service-specific developments, elective and non-elective activity trends, financial breakeven status, and ongoing work to analyse and manage overperformance, with input from 	<p>Luke Culverwell/</p> <p>Luke Culverwell</p>
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	<p>Sarah Zaroni and Nevila Kallfa on specific service areas and cost-saving methodologies.</p> <ul style="list-style-type: none"> • Quality and Service Developments: Luke Culverwell reported on key quality issues, including the cessation of robotic-assisted oesophagectomy activity at Gloucestershire and the reviewing of data on the level of procedures across the region to determine action required to support Gloucestershire, and identification of any other providers which provide low levels of activity and whether action would be required to consider consolidation. • There were plans for an independent review of the Salisbury spinal cord injury unit. • New co-ordination protocols between South East and South West cardiac networks had been established following an incident involving cardiac patient transfers between Southampton and Oxford, with an ongoing review being led by Southampton. • Mental Health Service Updates: Luke Culverwell and Steve Sylvester provided updates on mental health services, noting the indicative reopening timeline for Riverside (January 2027) and Bowman unit (February 2026), and discussed ongoing pressures and strategic planning for Tier 4 CAMHS and the two provider collaboratives which support the South West population. • Acute Performance and Elective Activity Trends: Luke Culverwell detailed the continuation of strong performance in elective activity which was up 5% year-on-year, a change which was driven equally by day case and in-patient elective activity compared to last year, when day case volumes had made up the greater part of the growth and increases in elective activity delivery were hard to gain traction on. <p>Non-elective pressures had eased slightly in specialised services, at 2% lower than at the same time in 2024/25.</p> <p>Neurospinal services had very strong elective performance at 13% higher than same period last year. RTT 18 week performance in neurosurgery stood at just over 71%, well above the national targets being worked towards. Cardiac surgery saw 10% higher levels of elective activity compared to last year.</p>	
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	<p>18 week performance stood at 63.4%, which was just under the national target, which is to be achieved by March 2026 and which is a whole provider aggregate target.</p> <p>The impact of service changes on Dorset patients was discussed. The closure of cardiac surgery in UH Southampton to Dorset patients, and RTT performance for cardiac surgery for Dorset ICB had improved by 6% compared to this time last year, with divert arrangements in place for patients to be seen at Oxford University Hospital, and the closure should not be adversely impacting on RTT performance.</p> <p>Cardiology activity was 10% higher compared to the same point last year. Noted that cardiology growth had not converted to improvements in cardiology waiting times. Overall cardiology RTT performance had declined to approximately 61% from approximately 65% at the start of the financial year which covered all ICB and specialised position. Work to be undertaken to monitor productivity and how many RTT pathways closed in each speciality area commissioned as a ratio of activity delivered.</p> <p>Cancer performance continued to see a slight positive position versus the national position. In terms of the 62 days standard, a tracking between 2% and 5% continued above national performance trend, which was a slight improvement trend, noted that this was significantly below the national target, but performing relatively well versus the rest of the country.</p> <ul style="list-style-type: none"> • Finance and Overperformance Management: Em Emery reported a breakeven position at Month 4, with overperformance in cardiology and chemotherapy being closely monitored; reserves were in place to manage expected overperformance, and a deconstruction of block contracts was underway to better understand activity and financial flows. 	
3.3	<p><u>Specialised services productivity programme update</u></p> <ul style="list-style-type: none"> • Luke Culverwell and Em Emery described the productivity programme, including pharmacy savings (notably a £4.5m scheme), non-pharmacy transformational savings, and future opportunities in renal pathways. 	

	<ul style="list-style-type: none"> • Noted no formal savings or formal productivity target this year, but based on the 1% overall reduction in NHS running costs in the planning guidance, there is a notional target of £7.27m for pharmacy savings, a delivery plan of £12.7m identified, and non-pharmacy notional target of £6.9m. • Noted that notional targets were established after productivity programme plans had been set for the year. • In Quarter 1, 91% of the opportunity was realised. The South West had been identified as having the single highest value savings scheme, worth £4.5m nationally and as being the best performing region nationally. • Kat Young updated on clinical leadership recruitment to five posts, and noted that the lead for chronic kidney disease secondary care, lead for acute kidney injury, lead for transplant, and lead for home therapy had all been appointed and started on 8/9/25. The Network was keen to hear of anyone interested in the primary care chronic kidney disease clinical lead post. • Invitations for workshops on chronic kidney disease and acute kidney injury will be sent out before Christmas 2025. • A renal network dashboard and demand and capacity model were in the process of being tested and refined, to be launched in the next couple of months and colleagues will be invited to join. • Nevila Kallfa raised the categorisation of savings versus sustainability. Kat Young confirmed that demand on services was factored in to enable scenario-testing on pathway improvements. • The report was approved. 	
3.4	<p><u>Specialised Services Risk Report</u></p> <ul style="list-style-type: none"> • Luke Culverwell provided a summary of high-level risks, which score above 12, and noted no new service-specific risks above threshold, ongoing risks related to future affordability and commissioning changes. 	

	<ul style="list-style-type: none"> The main risks above threshold related to future affordability for 2026/27 and ongoing changes in the commissioning landscape, with no new high-scoring service-specific risks identified. Retained Service Risks and Closure Proposal: Luke Culverwell proposed closing the risk related to genital surgery, due to market stabilisation and national colleagues did not foresee further instability; this will be processed through NHS England governance. The Risk Report was approved. 	
4.	Strategy and Forward View	
4.1	<p><u>South West Specialised Commissioning Strategy/ Medium Term Plan</u></p> <ul style="list-style-type: none"> Steve Sylvester confirmed that this Plan had been supported and signed off at the last Joint Specialised Services Committee, led a discussion on aligning the regional strategy with ICB planning processes, and sought input from ICB colleagues on how best to integrate specialised service strategy plans into local system, into ICB medium term plans, particularly focusing on children's services and the use of public health data, and requested feedback from ICB colleagues on their planning cycles and integration needs with follow-up actions agreed for further engagement. David Jarrett and John Groom described their ongoing planning processes and agreed to provide further feedback after upcoming system planning events. Steve Sylvester committed to maintaining regular contact with ICB leads to ensure alignment and support. 	
4.2	<p><u>Post-2027 Mental Health Provider Collaborative Arrangements</u></p> <ul style="list-style-type: none"> Steve Sylvester outlined plans for a review of the commissioning architecture for specialised mental health services, including an engagement process led by the CSU, who will lead an engagement process to review future commissioning arrangements for specialised mental health services, aiming to report recommendations by March 2025, with an information 	

	<p>pack and engagement timeline to be circulated within two to three weeks.</p> <ul style="list-style-type: none"> • Service Access and Model Variability: Caroline Gamlin enquired about variations in CAMHS bed usage across the region, and Steve Sylvester responded that differences were due to local population needs and service models, with further analysis to be included in the review. • Best Practice and Stakeholder Input: Nevila Kallfa offered to support the CSU with advice on care models and outcomes, and this was welcomed, with the importance of including local authority and social care perspectives being noted. • Patient and Carer Engagement Assurance: Alun Davies had requested that the CSU ensure meaningful engagement with patients, carers and service users. Steve Sylvester confirmed that this would be a priority, with experts by experience involved in the process and a commitment to highlight engagement outcomes in the report. ACTION: Steve Sylvester 	Steve Sylvester
4.3	<p><u>Planning process preview</u></p> <ul style="list-style-type: none"> • Luke Culverwell and Em Emery discussed the planning process for 2026/27, seeking input from ICB colleagues on whether to pursue a more integrated approach to planning, and John Groom and Caroline Holmes provided feedback on local preferences and the need for embedded collaboration due to ongoing organisational changes. • Luke Culverwell outlined two possible approaches for the 2026/27 planning cycle: maintaining the current model where the hub leads planning with ICB consultation, or moving to a more integrated model with Specialised Commissioning staff embedded in ICB planning teams. • John Groom advocated for a more embedded, MDT-style approach due to staff changes and new planning objectives, while Caroline Holmes agreed to consult with her BSW team and provide further feedback, indicating a willingness to consider more integrated planning. ACTION: ICBs 	ICBs

4.4	<p><u>Responsibility and Accountability Matrix - Roles and Responsibilities in Relation to Specialised Commissioning Oversight and Assurance: Update</u></p> <ul style="list-style-type: none"> • Steve Sylvester and Sarah Zanoni updated on the status of the Responsibility Matrix document, which clarified roles between NHS England, ICBs and provider collaboratives, confirmed it to be fit for current use and proposed a full review towards the end of the financial year to reflect any changes in ICB structures, with ongoing learning from operational experience in areas such as provider collaboratives and service transfers. • Sarah Zanoni noted that the most challenging area had been the interface with the South West Provider collaborative, and thanked Devon ICB for the ongoing work with them which was making the Matrix more meaningful and effective. 	
	Items for Information	
5.	Dates of Future Meetings (via Microsoft Teams)	
	<p>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>	

**Joint Specialised Services Committee
Minutes
Tuesday 22 July 2025
2.00 pm – 4.00 pm
Via Microsoft Teams**

Present:	
Kaye Bentley	Independent Chair (Chair)
Matthew Backler	Acting Chief Finance Officer, NHS Bristol, North Somerset and South Gloucestershire ICB
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
Liz Cosford	Interim Director Primary Care and Public Health, NHS England
Luke Culverwell	Deputy Director of Specialised Commissioning, NHS England
Alun Davies	Patient and Public Voice representative
Em Emery	Director of Commissioning Finance, NHS England
Lou Farbus	Head of Stakeholder Engagement, NHS England
John Finn	Director of Commissioning and Delivery (Deputy COO), NHS Devon ICB
Helena Fuller	Deputy Director of Commissioning, Contracts and Procurement, NHS Bristol, North Somerset & South Gloucestershire ICB
Caroline Gamlin	Non Executive Director, NHS Somerset ICB
Caroline Graham	Senior Commissioning Manager, NHS Gloucestershire ICB
Christian Hamilton	Associate Director of Commissioning – Elective Care, NHS Gloucestershire ICB
Caroline Holmes	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

Bex Kendall	Deputy Director of Performance and Planning, NHS Dorset ICB
Rhiannon McVey	Senior Project Manager Transformation, NHS South, Central and West CSU
Phill Mantay (for item 4)	Chief Executive, Devon Partnership NHS Trust
Joanne Medhurst	Chief Medical Director, NHS Bristol, North Somerset and South Gloucestershire ICB
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
Jane Rowland	Interim Director for Planned Care, Cancer and Community Services, BSW Integrated Care Board
Steve Sylvester	Director of Collaborative Commissioning, NHS England
Louise Tranmer	Transformation Director, Transformation NHS South, Central and West CSU
Laurie Windsor (for item 4)	Clinical Director for Gender Services, Devon Partnership NHS Trust
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 (from 2.30 pm)	Deputy Director of Nursing & Quality, NHS England
Apologies:	
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
Sadaf Dhalabhoy	Deputy Director of Contracts & Performance, NHS England
Shane Devlin	Chief Executive, NHS BNSSG ICB
Iolo Doull	Medical Director, Welsh Health Specialised Services Committee, NHS Wales
John Groom	Director of planned care, NHS Cornwall and Isles of Scilly ICB
Jonathan Higman	Chief Executive, NHS Somerset ICB

Graham Jones	PMO Manager, NHS England
Nevila Kallfa	Deputy Director of Healthcare Public Health Programmes, South West Public Health Directorate, NHS England
David McClay	Chief Officer for Strategy, Digital & Integration, NHS Somerset ICB
Bernie Marden	Chief Medical Officer, NHS Somerset ICB
Rachel Pearce	Managing Director (System Development and Commissioning), NHS England
Gill Ryan	Programme Director, Transformation, NHS South, Central and West CSU
Kate Shields	Chief Executive, NHS Cornwall and the Isles of Scilly ICB
John Stanley	Head of Finance, NHS England
Geoff Underwood	Programme Director, Strategic Organisational Development and Transformation, NHS South, Central and West CSU
Mark Walkingshaw	Director of Operational Planning and Performance, NHS Gloucestershire ICB
Melanie Wilkey	Director of Commissioning for Specialised Services, NHS Wales, Joint Commissioning Committee
Item	Action
1.	Welcome, Apologies, Introductions and notification of any Conflicts of Interest
	<ul style="list-style-type: none"> Kaye Bentley welcomed all and noted apologies. Kaye Bentley announced that Paul Slade, a PPV representative, had stood down from his role within Joint Specialised Services Committee. Lou Farbus will support in identifying a new PPV representative, to add value to the conversations. ACTION: Lou Farbus No conflicts of interest were declared in relation to the agenda.

2.	Governance	
2.1	<p><u>Ratification of Minutes of the last Joint Specialised Services Committee, held on 13/5/25 - and Matters Arising not on the agenda</u></p> <ul style="list-style-type: none"> Minutes of 13/5/25 were approved as an accurate record. 	
2.2	<p><u>Joint Specialised Services Committee Log of Actions from 13/5/25</u></p> <ul style="list-style-type: none"> Luke Culverwell provided an update that actions had been closed. Noted that the Ethical framework, and Planning Principles for 2026/27, would be revisited in September 2025 (16/9/25). ACTION: Steve Sylvester 	Steve Sylvester
2.3	<p><u>Joint Specialised Services Committee Action Tracker, from April 2025</u></p> <ul style="list-style-type: none"> Luke Culverwell confirmed that many actions had been closed. Kaye Bentley thanked the team for their work in updating the Action Tracker. 	
2.4	<p><u>Joint Specialised Services Committee Membership List, and possible future quoracy issues</u></p> <ul style="list-style-type: none"> Kaye Bentley discussed the need to keep the Membership list updated, to include nominated deputies. All to review and update the membership list of nominations and first-line nominated deputies for the ICB. Also provide feedback on how to organise quoracy and organisational arrangements once ICBs start to cluster and individual roles potentially change. Joint Directors Group to consider how organisation could take place. ACTION: ALL Steve Sylvester provided insights on the current legal entities, and noted that there are still seven legal entities until March 2027 and noted two votes per organisation. 	ALL

2.5	<ul style="list-style-type: none"> Jane Rowland raised the importance of considering patient flows and existing relationships when determining representation and advocacy within the clusters. It was agreed that the current arrangement of having seven ICBs would remain in place for the remainder of this financial year, and Terms of Reference to be revisited in January 2026, and to have a balance of representation expressed. <p><u>Request for a Chair for Joint Specialised Services Committee scheduled for Tuesday 16/9/25, in Kaye Bentley's absence</u></p> <ul style="list-style-type: none"> Alun Davies and John Finn responded to the request to Chair the Joint Specialised Services Committee in September 2025 (16/9/25), to cover in Kaye Bentley's absence. After checking the Terms of Reference, it was confirmed that Alun would be eligible to cover. <p>It was confirmed that Alun Davies would Chair the September Joint Specialised Services Committee (16/9/25). ACTION: Alun Davies</p>	Alun Davies
3.	Operational Business & Assurance	
3.1	<p><u>Directors Report</u></p> <ul style="list-style-type: none"> Steve Sylvester provided an update on the delegation agreement, noted the conditions set around delegation and the need for compliance. <p>Steve Sylvester to submit a report assessing the audit position against the conditions to September Joint Specialised Services Committee (16/9/25). ACTION: Steve Sylvester</p> <ul style="list-style-type: none"> Steve Sylvester reported that the outcome of the national commissioning review was awaited. Likely options for timeframes for possible staff transfer to NHS Somerset ICB were April 2026 or April 2027. 	Steve Sylvester

3.2	<ul style="list-style-type: none"> • Steve Sylvester emphasised the importance of understanding the implications of national service specifications on both financial and service delivery perspectives, and the importance of considering how to take forward collectively, ethical decision-making framework and how to make decisions. • The Directors Report was endorsed. <p><u>Integrated Specialised Services Performance, Finance and Quality Report. Includes:</u> M2 Finance Report Operational Plan updates ODN updates Contracting update report</p> <ul style="list-style-type: none"> • Luke Culverwell presented the report and noted that the report was for high-level visibility and issues by exception, with the report being interrogated in more detail at Joint Directors Group. • Luke highlighted quality issues such as the closure of the neonatal unit at Yeovil District Hospital due to broader paediatric service issues, a CQC outcome in relation to the review of paediatric services; and ongoing issues with operational management and patient flow at the spinal cord injury unit at Salisbury, and an update to be included in the reporting at next Joint Specialised Services Committee (16/9/25). • Luke Culverwell reported the Month 13 final 2024/25 full year position, with a strong performance seen in elective activity last year, being 6% higher than in the previous year, and neurospinal with 2% increase, and cardiac surgery and cardiology both with 9% increase in activity. • Throughput increases in cardiology did not seem to be resulting in an improvement on wait list size or length of wait, with the exception of addressing the very long waiters, and concerns were noted with growing cardiology waitlist and no reduction in average wait times, despite more cardiology activity being paid for, at 22% - 25% higher than in 2019/20 in cardiology day cases, which should be investigated. 	
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	<ul style="list-style-type: none"> • Em Emery provided a financial update, and noted a breakeven position at Month 2 and highlighted specific risks and emerging issues, eg conversations with providers around payment for additional paediatric bone marrow transplants, and a technical issue around wider variable radiotherapy, where a watching brief will be maintained to monitor the small risk associated with providers potentially undertaking additional activity. • • In November 2024, it was agreed through Joint Directors Group and Joint Specialised Services Committee that payment of £4.6m be taken from reserves to acute providers for closing contracts in terms of inflationary uplift and other growth, which was issued non-recurrently. This is now able to be made recurrent in contracts. Em highlighted that this had been raised due to its inclusion in the reserves plan rather than in contract spend. The Joint Specialised Services Committee agreed and this was approved. • Thanks were expressed to the team for the signing of contract updates. 	
3.3	<p><u>Specialised Services Risk Report</u></p> <ul style="list-style-type: none"> • Luke Culverwell presented report, which gave a summary of delegated and retained risks which scored 12 or above, ie the risk of disruption to commissioning processes due to the ongoing commissioning landscape change, and also a new risk around affordability risk for 2026/27 onwards, to recognise and support the change in focus towards developing a more comprehensive productivity programme for 2026/27, which had been discussed at Joint Directors Group. • A number of retained risks to be closed, including adult gender services: the historic risk of Devon Partnership Trust withdrawing from market which is no longer relevant; and the risk around the Tavistock closure and the impact of transfer of patients from that waitlist into services. Noted that all transfers had been completed, with Tavistock patients having been moved to waitlist within services and were built into the DTP position, and there was no further unknown risk. 	

	<ul style="list-style-type: none"> • A new delegated risk was adult critical care pressures in general ICU rather than specialised provision, potentially impacting on specialised services. Noted that work was ongoing with a focus around Gloucestershire and conversations with the Trust, and conversations were required with Gloucestershire ICB colleagues regarding opportunities for enhanced care provision to lessen the load on ICU estate. • Luke Culverwell to convene a medical director-led discussion involving both Plymouth and Royal Cornwall Trusts to address the sarcoma service provision issue. To be reported on the next Risk Report. ACTION: Luke Culverwell • The Risk Report was approved, noting the changes of new risks and no closures. 	Luke Culverwell
4.	Presentation – Adult Gender Services – Progress, Challenges & Partnership with ICBs	
	<ul style="list-style-type: none"> • Phill Mantay and Laurie Windsor, Devon Partnership NHS Trust, presented on the Adult Gender Service, discussing the challenges of increased demand, noting that the majority of referrals come from the 18-25 age group with complex needs; long wait times for initial assessments, currently assessing referrals from July 2017, and the impact on patients' lives; and the need for better primary care engagement, including challenges with ongoing prescribing and monitoring of medication. • Recent developments were noted, including the recruitment of non-medical prescribers, peer support workers, and the use of AI to improve administrative efficiency. • Future plans were discussed, including the potential for a new service specification, a national waiting list, and a national prescribing service. 	

5.	Substantive items for decision	
5.1	<p data-bbox="300 304 1166 416"><u>Approval of 2025/26 cost pressures and investments recommendations to close the 2025/26 planning round – to include summary update on productivity programme</u></p> <ul data-bbox="347 456 1198 1760" style="list-style-type: none"> <li data-bbox="347 456 1198 591">• Luke Culverwell presented report, with the purpose of seeking Committee approval for final recommendations on the deployment of the 2025/26 delegated specialised services cost pressures and investments reserve. <li data-bbox="347 651 1198 853">• The report formally set out recommendations which had been reviewed in detail through the CCH Specialised Commissioning Team internal business governance arrangements (Productivity, Savings and Investments Board) and reviewed and endorsed by the ICB representatives through the Joint Directors Group. <li data-bbox="347 880 1198 981">• Against an identified £5m cost pressures reserve, proposals with a recurrent cost of £3.411m have been recommended for investment. <li data-bbox="347 1008 1198 1144">• This is based on an assessment against prioritisation principles agreed by the Committee in November 2024 which were adapted from the process run in 2023/24 and 2024/25. <li data-bbox="347 1189 1198 1559">• 6 substantive items were identified for investment, of which 3 related to previously reviewed and endorsed ODN business cases linked to productivity opportunities (Late Effects of Radiotherapy service (LERS), renal transformation programme clinical support, severe asthma service expansion); 2 of which related to service stabilisation and continuity of core service provision (paediatric BMT, adult inherited metabolic disorders), and one of which related to mitigation of critical clinical risk (Acute Aortic Dissection clinical lead). <li data-bbox="347 1597 1198 1760">• Due to a skewed benefit profile which results in minimal benefit to Dorset population, a 7th proposal to establish a specific recurrent Dorset reserve of £350,000 was added to achieve near equity between ICB contributions and draws on the investment fund. 	

	<ul style="list-style-type: none"> It is proposed that the residue of the investment fund should be held until later authorised for non-recurrent distribution to providers under the financial risks sharing agreement, and that the Committee should later consider any early identified 2026/27 cost pressures against the recurrent residue. This report was approved. 	
6.	Strategy and Forward View	
6.1	<p><u>South West Specialised Commissioning Strategy/ Medium Term Plan</u></p> <ul style="list-style-type: none"> Rhiannon McVey and Louise Tranmer presented the Specialised Commissioning Strategy and Medium Term Plan, the aim being to move towards population-focused, joined-up, and strategic planning. The plan's vision includes six ambitions: understand value for the population; deliver high-quality care; secure long-term sustainability; collate and align across the region; support local change to improve access and reduce variation; and develop and empower the workforce. The plan also includes a range of enabler programs to support the ambitions, such as improving data and analytics, enhancing patient and public engagement, and fostering innovation. The next steps involve developing a detailed delivery plan and aligning the strategic vision with operational delivery across the system, which Steve Sylvester and the team will lead and take to regional executive group. Rhiannon McVey thanked all for their engagement and feedback during the process. Kaye Bentley thanked the team for their work on this strategy. Em Emery to discuss with Matt Backler to understand the over-allocation of £60m for Dorset and its implications. ACTION: Em Emery 	Em Emery

	<ul style="list-style-type: none"> Alun Davies offered to assist with engaging with clinical networks and patient carer groups at the service level for the delivery. The report was approved and the Joint Specialised Services Committee supported the continuation of the work with the development of detailed delivery plans, as part of the planning response to the 10 Year Health Plan. 	
6.2	<u>Post-2027 Mental Health Provider Collaborative Arrangements</u> <ul style="list-style-type: none"> Steve Sylvester discussed the need to review the Mental Health Provider Collaborative arrangements post-2027, considering the changing priorities and policy landscape. It was agreed that Joint Specialised Services Committee will work towards a final recommendation by March 2026, ensuring that the future model aligns with the evolving needs and policies. 	
6.3	<u>Planning process preview</u> <ul style="list-style-type: none"> Luke Culverwell and Em Emery provided a brief update on the planning process, and noted that further information was awaited. A more detailed update to be submitted to the September Joint Specialised Services Committee (16/9/25). ACTION: Luke Culverwell 	Luke Culverwell
6.4	<u>Committee timetable for 2025/26 – updated forward look (standing item)</u> <ul style="list-style-type: none"> This was noted. 	
	Items for Information	
7.	Dates of Future Meetings (via Microsoft Teams)	
	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	