

Agenda Item

Planning, Performance and Finance Sub-Committee

Integrated Medium Term Plan (IMTP) 2027-30 Development Update

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Awdur yr Adroddiad / Report Author	Emma King, Assistant Director of Planning and Programmes Alexander Crawford, Deputy Director of Corporate Planning & PMO
Cyflwynydd yr Adroddiad / Report Presenter	Georgina Galletly, Director of Corporate Planning & Strategy
Noddwr yr Adroddiad / Report Sponsor	Georgina Galletly, Director of Corporate Planning & Strategy

Pwrpas yr Adroddiad / Report Purpose		For Noting Choose an item.	
Senior Leadership Team	27/10/2026	Noted	

1. SITUATION/BACKGROUND

The purpose of this report is to inform PPF sub-committee of progress made in the development of the Integrated Medium-Term Plan (IMTP) for 2027–30 and to seek its support for the approach being taken through the next stage of development.

A considerable amount of work has been undertaken to establish a robust approach to the development of the NWJCC's IMTP, while also providing stronger foundations for future planning cycles. This has included the development of commissioning intentions, an evidence-based prioritisation process, a high-level delivery plan and a communications and engagement plan. These arrangements

build on learning from the previous Foundation Plan and current Annual Plan and are intended to support a clearer, longer-term approach to commissioning priorities and outcomes.

2. SPECIFIC MATTERS FOR CONSIDERATION

There are a number of key areas of focus to be completed in parallel with the review and assessment of lessons learnt from previous years to ensure that the process is improved and meets the needs of our developing organisation. This also leans into future planning cycles.

2.1 Commissioning Intentions

Our Commissioning Intentions for 2027-30 should set out how the NWJCC will shape priorities, resource allocation, and service development over the next 3 years. They should describe the outcomes we aim to achieve, the care models we will commission, and how investments will be aligned to population needs.

We must ensure that the services commissioned:

- meet the needs of the population
- demonstrate value for money
- deliver the expected activity
- drive the expected improvements in outcomes

In terms of financial landscape, we are assuming status quo of limited resources and anticipated savings targets for 2027/28 with gradual improvements in subsequent years.

An internal Commissioning Intentions workshop was held on 30th June 2026 to set out with senior management the requirements for the development of commissioning intentions for the IMTP. This workshop set out that Commissioning Intentions should:

- Focus on outcomes, taking into account demand and capacity, quality, value and equity
- Use performance, quality, risk and financial information to support timely assurance and escalation to support decision-making
- Utilise robust commissioning specifications with clear outcome measures and performance frameworks for major commissioned services
- Ensure future proposals are clinically assessed, supported by evidence, have quality and equality impact assessments, and clear outcome benefits.

As such, a template was developed, discussed and amended following the workshop to ensure standardisation.

The workshop also identified a number of cross-cutting themes to incorporate into commissioning intentions. These were identified as:

- **Population Need** - Strengthen commissioning through a clearer focus on population need
- **Collaborative Commissioning Models** - Reduce duplication and unwarranted variation by identifying opportunities for Once for Wales, regional or collaborative commissioning models
- **Sustainability and Efficiency** - Ensure value (quality, performance and finance) alongside service sustainability
- **Prioritise prevention** - early intervention, pathway redesign and demand management where these can improve outcomes and reduce avoidable cost

Following the workshop, the revised template was circulated for the submission of commissioning intentions by 17th July 2026.

96 initial commissioning intentions, linked to the cross-cutting themes confirmed with CCLG: **population need and inequalities, collaborative commissioning, sustainability and efficiency, and prioritising prevention** were received. An initial JCC review distinguished between intentions requiring:

- **Evidence Based Risk Assessment (EBRA)**, where formal evidence-based risk assessment and prioritisation is needed before a commissioning or funding decision;
- **Recommissioning**, where an existing service, contract or framework needs to be reviewed, redesigned or reprocured;
- **Routine commissioning**, where the matter can be managed through business-as-usual commissioning arrangements;
- **Strategic review**, where a broader assessment of service model, population need, sustainability, outcomes and commissioning arrangements is required;
- **Deep dive**, where a focused analysis of a specific service, pathway, risk or opportunity is needed;
- **Further information**, where the proposal is not yet sufficiently developed to determine the appropriate route;
- **Annual Plan review outcomes**, where the next step depends on work already committed through the current Annual Plan;
- Or **future prioritisation**, where the intention may need to be considered later in the planning cycle once dependencies, evidence or capacity to progress are clearer.

These were then presented in a Collaborative Commissioning Delivery Group (CCDG) workshop on 3rd September 2026 to engage and work with our health board colleagues to further develop our commissioning intentions. This workshop outlined a number of important themes to inform the development of our final commissioning intentions:

- Commissioning priorities should be driven by **population need, patient outcomes, equity, sustainability and whole-system value**, rather than by considering individual commissioning intentions in isolation.
- **Future commissioning should increasingly be organised around whole pathways of care**, supporting a more integrated approach between NWJCC and Health Boards and reducing the risk of fragmentation across patient journeys.
- **Development of the IMTP must recognise the likelihood of a highly constrained financial environment**, requiring explicit prioritisation, affordability assessment and consideration of transformation, productivity and risk management alongside investment proposals.
- **Strategic reviews and national commissioning work should play a greater role in shaping future commissioning intentions**, ensuring priorities are informed by robust analysis of service sustainability, quality, outcomes and equity.
- **Further evidence and analysis are required before prioritisation decisions can be made**, particularly in relation to population need, demand and capacity, affordability, outcomes, equality impacts, deliverability and the consequences of inaction.
- **Leadership judgement will be required over the coming months** to determine which areas should be prioritised for investment, transformation, recommissioning, reconfiguration or managed risk acceptance within available resources.

The relevant commissioning teams have further revised these categorisations, and we are currently preparing all commissioning intentions to route through the appropriate prioritisation routes.

2.2 Wider IMTP planning requirements

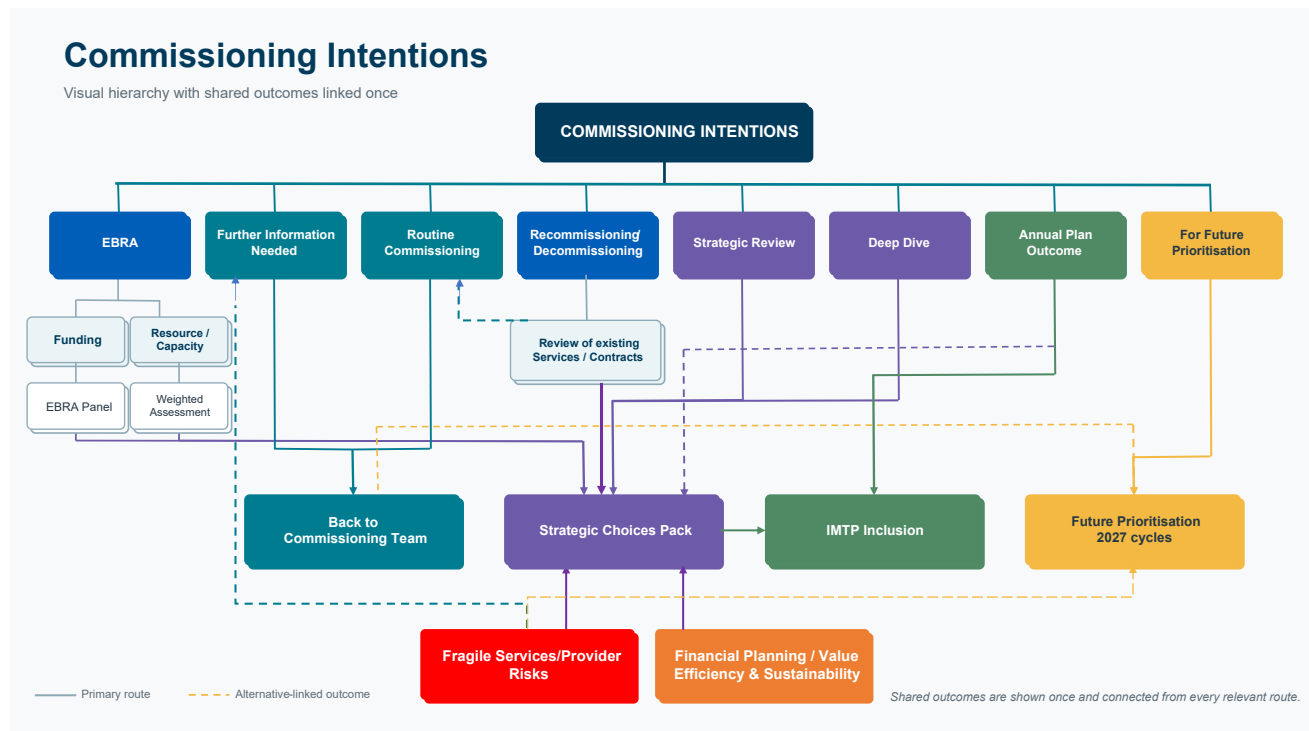
Whilst EBRA provides an important route for proposals requiring formal evidence-based prioritisation, it represents only one component of the overall IMTP planning process. In addition to the routes identified through the review of commissioning intentions, the IMTP needs to bring together the wider range of commissioning, service and financial changes expected over the planning period, including:

- funded transfers of services;
- policy changes and unavoidable growth;
- commissioning intentions that can progress without formal EBRA;
- recommissioning activity;
- issues emerging through horizon scanning and Individual Patient Funding Request (IPFR) intelligence; and
- fragile or potentially unsustainable services.

Alongside the assessment of service fragility, the full range of existing services commissioned will need to be reviewed collaboratively with Health Boards which may identify potential opportunities for recommissioning or decommissioning.

This extends beyond the commissioning intentions submitted for this planning cycle.

These requirements need to be considered collectively to ensure that the IMTP provides a coherent view of the JCC's future commissioning portfolio rather than being determined solely by the outcome of the EBRA process.



2.3 Fragile services

All services commissioned by NWJCC will be considered with the relevant providers through a systematic, risk-based assessment to identify those that are fragile or potentially unsustainable. Working collaboratively with Health Boards and providers, this assessment will consider current and emerging risks to quality, safety, access, workforce resilience and long-term sustainability. The resulting intelligence will inform commissioning priorities and identify where the JCC can most effectively focus its commissioning response.

A proposed evaluation framework is being developed, to support a consistent and proportionate assessment of service fragility. This should bring together available quantitative evidence and clinical, operational and commissioner intelligence across areas including workforce resilience, demand and capacity, performance, quality and outcomes, professional standards, financial sustainability and wider service dependencies. The intention is not to create a separate prioritisation process, but to provide a structured means of identifying services requiring closer monitoring, commissioner intervention, strategic review, pathway redesign or consideration of an alternative service model.

The proposed framework will be tested collaboratively with providers before wider application, enabling the methodology to be refined in response to practical experience.

2.4 Prioritisation process

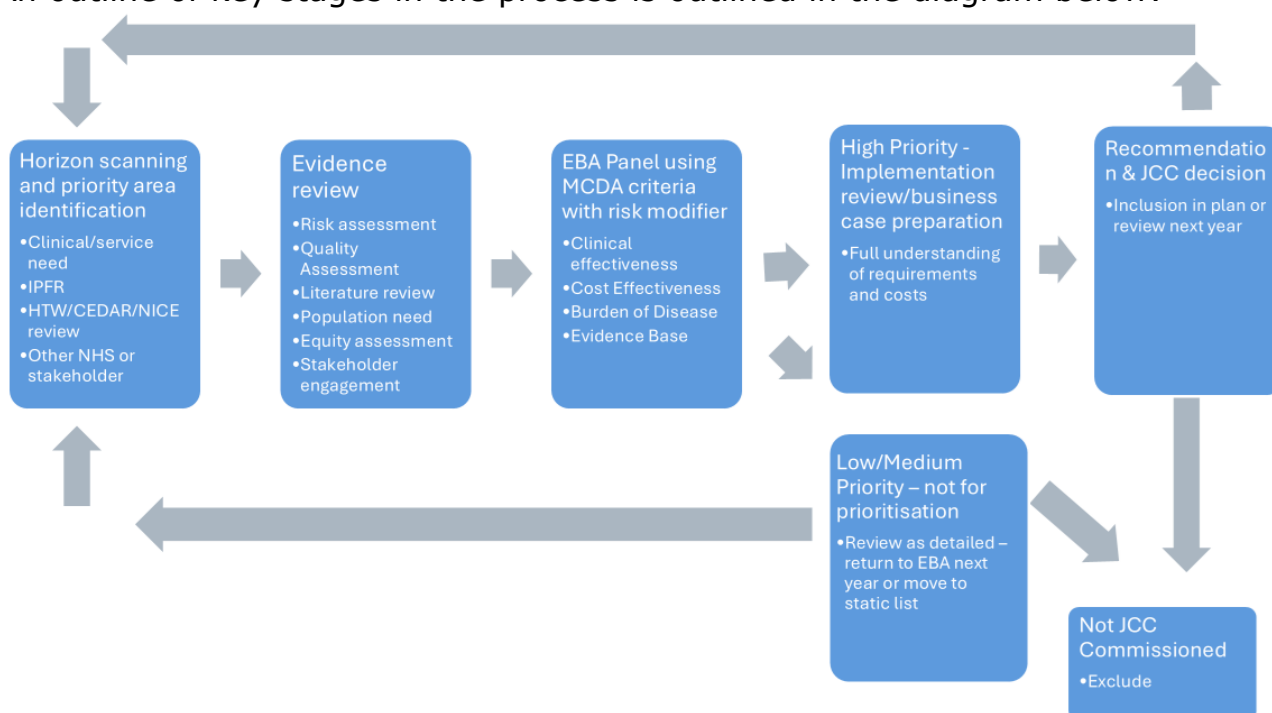
A robust prioritisation process has been developed and is led by the Medical Directorate. **Evidence and Risk Based Assessments (EBRA)** will be undertaken to inform prioritisation.

The process incorporates potential service developments as well as decommissioning or de-prioritisation options through a structured, evidence-based approach and will utilise tested models and align with Moore's Strategic Triangle – Public Value, Legitimacy & Support, Operational Capacity.

The process aims to enable consistent, transparent commissioning decisions and balance demand against finite NHS resources. It will prioritise investment, review existing services and identify disinvestment opportunities whilst ensuring alignment with Prudent Healthcare and Welsh strategic priorities. It will also ensure:

1. **Clinical Effectiveness** – Does it work?
2. **Patient Benefit** – Does it improve outcomes?
3. **Value for Money** – Is it affordable and cost-effective?
4. **Population Impact** – How many people benefit?
5. **Severity & Unmet Need** – How serious is the condition?
6. **Equity of Access** – Does it reduce inequalities?

An outline of key stages in the process is outlined in the diagram below:

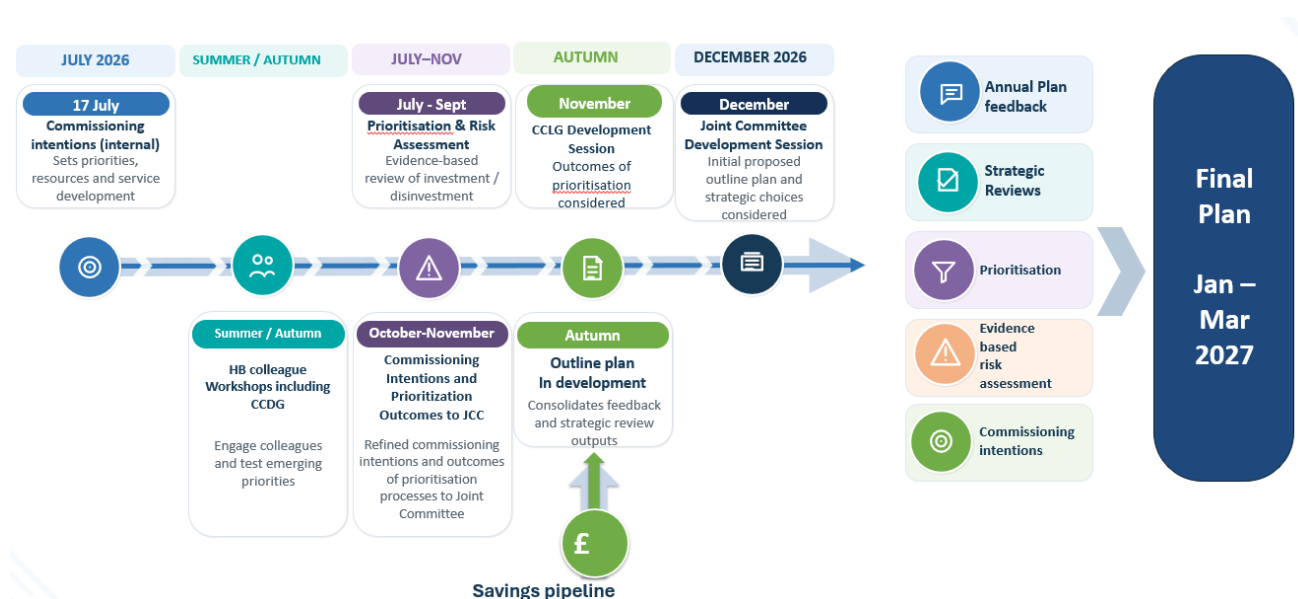


This process is currently underway, and a panel has been established for 12th November 2026 to identify proposals for inclusion in the IMTP. The outcome of this panel, along with the other prioritisation routes will be pulled into a Strategic Choices Pack for consideration by JCC in December.

2.5 High Level Plan

A high-level plan has been developed to ensure the development of the IMTP runs to a tight timescale to ensure key areas of the process are given due consideration, and to align to key committee meetings in the NWJCC calendar.

This process can be seen in the diagram below:



The outcomes of the approach to planning and holistic assessment against the commissioning intentions will be developed into a set of strategic choices to be considered by CCLG and Joint Committee in sessions being set up for November and December 2026.

These strategic choices should enable the CCLG and Joint Committee to consider:

- What should NWJCC's commissioning role be, and what scope of services should it commission, to support delivery of the National Clinical Plan and help shape the future of the healthcare system in Wales?
- What services and outcomes must be protected despite financial constraints?
- Where should NWJCC prioritise transformation over investment?
- What risks are leaders willing to accept if priorities cannot be funded and where are those risks best managed?
- What evidence and criteria will be used to make transparent and defensible prioritisation and commissioning decisions?

The Joint Committee Strategic Session in December will be a key point in the process, and the outcomes of this session will inform the draft plan to go into Joint Committee in January.

2.6 Communications and Engagement Plan

Following on from stakeholder feedback received from previous years, and the requirement from Welsh Government for the alignment of plans within the NHS Wales system, a Communications and Engagement Plan has been developed to ensure internal and external stakeholder engagement runs through the process and encompasses key milestones.

Current focus is on the establishment of engagement sessions with Health Board colleagues, both in the planning/commissioner and provider space, which are currently taking place and will continue until submission of the plan in March 2027. This includes but is not limited to:

- Focussed sessions and update papers to both Joint Committee and Collaborative Commissioning Leadership Group (CCLG)
- Engagement workshops and a standing agenda item at Collaborative Commissioning Delivery Group (CCDG)
- Planning to Planning discussions between NWJCC and Health Board colleagues
- Standing agenda item at all SLA/LTA meetings with Health Board providers.
- Provider service risk assessments where they are available

Where a provider or commissioner wishes to bring forward a material service development, investment requirement, sustainability concern or other issue for consideration through the JCC planning process during this engagement, there should be assurance that the proposal has first been considered through the relevant provider or commissioner executive arrangements. This will help ensure appropriate organisational ownership and that proposals have been considered in the context of the submitting organisation's wider clinical, operational and financial position before being incorporated into the JCC planning process.

Health Board colleagues are asked to provide updated risk profiles for service resilience, sustainability and fragile services by the end of October, and this is being reiterated during planning-to-planning meetings.

Provider engagement will be aligned with the wider IMTP timetable rather than operating as a separate process. Early engagement will help identify material service developments, emerging pressures and service risks. This intelligence will then inform the evidence-gathering, prioritisation and strategic choices stages, with further engagement continuing as proposals are refined ahead of consideration of the draft IMTP.

The Communications and Engagement Plan will remain flexible to allow additional engagement and collaboration where required as the plan develops.

3 KEY RISKS / MATTERS FOR ESCALATION

Although, as always through the planning cycle, the timescale remains challenging, there are no current risks or areas for escalation to report at this time.

4 ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Maximise Value
	If more than one applies please list below: Ensure Quality Reduce Duplication Improve Equity and Population Health Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below: Efficient Equitable Person Centred Timely Safe
	Yes - Refine

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below:
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Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: QIA will be completed for the IMTP
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: EQIA will be completed for the IMTP
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5 NEXT STEPS

- Continue the EBRA process, with the Panel scheduled for 12 November 2026.
- Progress other IMTP requirements alongside EBRA, including consideration of funded service transfers, unavoidable growth and policy requirements,

routine commissioning, recommissioning, horizon scanning/IPFR intelligence and assessment of fragile services.

- Develop and test the proposed fragile services evaluation framework with provider input.
- Arrange workshops with Health Boards to review all existing services commissioned by NWJCC and identify potential decommissioning opportunities, with the findings informing the strategic choices pack and any further assessment required.
- Continue SLT, CCDG, CCLG, Health Board commissioner and provider engagement.
- Ensure material provider and commissioner proposals are appropriately considered through relevant executive arrangements before incorporation into the developing plan.
- Bring the outcomes of prioritisation and the wider planning assessment together into a strategic choices pack.
- Consider the emerging strategic choices through CCLG and the Joint Committee, including the planned November and December sessions.
- Use the December Joint Committee Strategic Session as a key decision-making point to inform development of the draft IMTP.
- Present the draft plan to Joint Committee in January 2027 and the final plan in March 2027.

6 RECOMMENDATIONS

The Planning, Performance and Finance Sub-Committee is asked to:

- **NOTE** the update on the IMTP development process within this report;
- **SUPPORT** the approach to planning for the 2027-30 IMTP.