Agenda Item
2.3

Joint Commissioning Committee

Chief Commissioner's Report

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Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)		
Committee/Group/Individuals	**Date**	**Outcome**
NWJCC Senior Leadership Team	15/07/2026	Endorsed

1. SITUATION/BACKGROUND

The purpose of this report is to update the Joint Commissioning Committee (JC) on key issues that have arisen since the JC meeting which took place on 26 May 2026. A number of issues raised within this report may also feature in more detail within the other reports as part of scheduled business.

2. SPECIFIC MATTERS FOR CONSIDERATION

2.1 Welsh Affairs Committee into Cross Border Healthcare

I, our Medical Director, Professor Iolo Doull, and our Director for Specialised Services, Melanie Wilkey, attended the UK Parliament's Welsh Affairs Select Committee inquiry into cross-border healthcare on 24 June 2026 to provide evidence on the commissioning and delivery of services accessed by Welsh patients in England. Health Board Chief Executives, or their nominated deputies, attended similar sessions on the 23 June 2026.

Our evidence highlighted the NWJCC's role in commissioning specialist services for the Welsh population, the importance of effective collaboration with English providers and commissioners, and the need for clear governance, accountability and information-sharing arrangements to support safe and equitable cross-border care. The session also provided an opportunity for the NWJCC to explain its developing role as a national commissioning organisation and to respond to issues previously raised by stakeholders regarding access, commissioning arrangements and patient outcomes. We received a number of questions regarding IPFR but were happy to provide context that in the last year we received 35 applications for specialist cross border care, 31 of which were approved. There was a detailed discussion regarding preapprovals, which highlighted the complexity of our system. These issues are a focus of the IPFR deep dive.

2.2 Annual Plan Strategic Reviews and Deep Dives

I am pleased to report that agreed Strategic Reviews and Deep Dives are progressing well. An update on delivery milestones is set out at Agenda Item 3.3 and we look forward to sharing more detail of these at August's strategy day and our formal meeting in September.

2.3 NHS Wales Arbitration – Long-Term Agreement with Cardiff and Vale University Health Board

At the JC's May 2026 meeting it was noted that NWJCC had not yet reached agreement on one LTA. Unfortunately, we did end up escalating to Welsh Government for arbitration. I can now confirm that the Welsh Government has determined that the LTA between the NWJCC and Cardiff and Vale University Health Board must be implemented by the parties, including the decision previously taken by the JC in March 2026 to apply a 2% efficiency reduction to the 2026/27 LTA quantum. We are working closely with Cardiff and Vale to take this forward.

2.4 Financial Position

A full overview of the NWJCC's financial position at Month 3 of 2026/27 is shared at Agenda Item 3.1 and reports underspend at Month 3 of £1.3m, against the financial plan, with a year-end forecast underspend of £0.5m.

Alongside work to monitor business as usual financial performance the NWJCC is continuing work to identify opportunities to reduce the level of additional income required to achieve a balanced financial plan for the NWJCC in 2026-27. This work is set in the context of driving best value on a system wide level, and that is patient outcome focused. As this work progresses and opportunities crystalise, further updates will be shared with the JC.

2.5 Planned Care Performance in Specialised Services

Reducing long waits in specialised services remains a key priority for the NWJCC. While performance has improved in some areas, workforce, capacity and infrastructure constraints continue to create risks against both the 104-week treatment target and the eight-week diagnostic standard. The NWJCC is actively monitoring recovery trajectories and working with providers to support improvement.

There is a significant concern within the Artificial Limb and Appliance Service (ALAS) and Electronic Assistive Technology (EAT) service, which is breaching the 104-week target. It is anticipated that breaches will continue during 2026/27 even with a focus on provider improvement plans. The Prosthetics and Posture and Mobility Services also have a risk in terms of increasing patient waiting times, this is largely associated with individual patient complexity rather than systemic capacity pressures.

The South West Wales Plastic Surgery service has indicated that, 250 patients could breach 104 weeks during 2026/27, this is exclusive of any service growth; recovery plans are being developed.

Welsh Government planned care funding has been allocated directly to provider organisations. The NWJCC is engaging with Welsh providers to ensure that these waits are reduced in line with Welsh Government direction and the additional funding available. To note, planned care funding has been utilised to support sarcoma pathology outsourcing arrangements, helping to maintain access to specialist diagnostics.

There are currently no waits exceeding 104 being reported for services delivered by English providers.

2.6 Directors of Commissioning Updates

Each of our three Directors of Commissioning share detailed updates at the Quality, Safety and Outcomes (QSOC) and, Planning, Performance and Finance (PPF) Sub-Committees.

At QSOC, our Directors provide directorate and service level updates with a focus on the management of quality, safety and outcomes performance within the areas that are commissioned by the NWJCC. At PPF, service level performance and financial performance are considered for each area within the NWJCC Performance Report, an update for which is shared as Agenda Item 3.2.

Copies of the Director of Commissioning reports shared at the June and July 2026 Sub-Committee meetings, and an overview of the matters discussed at each meeting, can be found within the Highlight Reports shared as Agenda Items 2.2.1 and 2.2.2. Copies of these reports have been made available to Health Board (HB) Directors of Corporate Governance for sharing locally.

The following additional updates are shared with the JC to provide assurance regarding key areas of focus highlighted at Sub-Committee or to share the detail of new or emerging matters for awareness.

2.6.1 Director of Commissioning for Specialised Services

2.6.1.1 Key Themes and Messages

2.6.1.1.1 Service Recovery and Performance Improvement

Progress continues in addressing waiting times and service performance across a number of specialised services. The South Wales Specialist Auditory Implant Device Service has eliminated all 52-week waits and is now working towards achieving a 36-week target, with plans being developed to reach the 26-week referral-to-treatment standard. Plastic surgery services in North Wales have sustained compliance with waiting time targets, supported by targeted investment. In addition, increased activity within Transcatheter Aortic Valve Implantation (TAVI) services has helped improve access and reduce patient waits.

These developments demonstrate ongoing efforts to recover services and improve timeliness of care for patients across Wales.

2.6.1.1.2 Quality, Safety and Assurance Focus

A significant focus remains on maintaining quality, safety and regulatory assurance across specialised services. Particular attention is being given to maintaining JACIE accreditation for Bone Marrow Transplantation and CAR-T services, with failure to secure certification presenting a substantial risk to service continuity. Ongoing assurance work is also addressing quality concerns associated with Intestinal Failure homecare provision and the transition of patients to new providers.

Across portfolios, commissioners continue to monitor patient safety risks, waiting list performance, governance arrangements and provider delivery through structured escalation, assurance and risk-management processes.

While no new services entered Level 3 escalation during the reporting period, workforce and capacity challenges remain the principal risks to service resilience. The Cardiff and Vale University Health Board (CVUHB) Cardiac Surgery Service has been escalated to Level 2 due to concerns regarding data quality, audit reporting, workforce pressures, theatre capacity and sustainability of improvement. Similar workforce-related risks are evident within Intestinal Failure, Neurosurgery and Artificial Limb and Appliance Services, where recruitment difficulties, reliance on single-handed clinical models and staffing shortages are affecting service capacity and performance. The Welsh Kidney Network (WKN) continue to monitor progress on recruitment to NWJCC funded vacancies, within kidney services.

These issues continue to require enhanced commissioner oversight and provider action to ensure continuity, quality and safety of care.

2.6.1.1.3 Innovation, Service Development and Future Planning

Significant progress has been made in implementing Advanced Therapy Medicinal Products (ATMPs), including gene therapies and expanded CAR-T treatment pathways. The introduction of the Genomics Laboratory Information Management System (GLIMS) strengthens patient safety, quality and traceability within genomic services. Strategic work is also progressing in key areas including Functional Neurosurgery provider designation, development of the South Wales Mechanical Thrombectomy service, neonatal pathway improvements and restoration of paediatric neurology outreach services.

The Welsh Kidney Network has introduced agreed All Wales Clinical Standards for Kidney Disease Services within the Integrated Kidney Pathway, as outlined within the Welsh Government Quality Statement for Kidney Disease. The recently developed clinical standards relate to management of Chronic Kidney Disease (CKD) in order to improve standards of care and delay disease progression.

These initiatives support the NWJCC's objectives of improving equity of access, service sustainability and clinical outcomes through modernised specialised care pathways.

The specialised services portfolio continues to demonstrate progress in service recovery, innovation and pathway development. However, workforce fragility, capacity constraints and several high-impact quality and sustainability risks remain significant areas of focus for commissioners and providers during 2026/27.

Paediatric Gastroenterology also remains challenged, with 177 children awaiting endoscopy and 125 exceeding the eight-week diagnostic target. High levels of clinical urgency within the waiting list have required prioritisation of the most

complex patients, but revised scheduling arrangements are now in place to ensure long-waiting patients are routinely accommodated and backlog reduction is accelerated.

The NWJCC will continue to provide oversight and challenge, working with providers to maximise the impact of planned care funding and ensure specialised services contribute fully to national ambitions for reducing long waits and improving timely access to care.

2.6.2 Director of Commissioning for Ambulance Services and National Programmes

2.6.2.1 Approach to Commissioning Assurance – Ambulance Services and National Programmes

Work has been ongoing over recent weeks to consider the optimum arrangements to ensure commissioning assurance for all services commissioned from within the portfolio.

A short programme of engagement/socialisation with Health Board commissioners and service providers alike is currently underway with the final arrangements aiming to be completed and enabled before the end of Quarter 2.

2.6.2.2 Non-Emergency Patient Transport Services (NEPTS)

The NWJCC has received correspondence from several health boards and has undertaken local discussions regarding the delivery of NEPTS. These discussions have highlighted a range of system, operational and financial challenges that continue to impact service delivery across Wales. The NWJCC recognises these challenges and in response, developed the Future Vision for Non-Emergency Patient Transport 2030 in 2025. The vision sets out a strategic direction for the future development of NEPTS, with a focus on improving patient experience, service sustainability, operational efficiency and equitable access to transport services across NHS Wales.

To support the development and delivery of outcomes aligned to the Future Vision, the Welsh Ambulance Services University NHS Trust has established an internal working group to progress key priority areas.

Whilst recognising the important role of the Welsh Ambulance Service in delivering NEPTS, it is also acknowledged that health boards and other key partners have a critical role in addressing the underlying challenges and ensuring a whole-system approach to service improvement.

To strengthen stakeholder engagement and provide assurance to the NWJCC Committee on the delivery of actions aligned to the Future Vision, the NWJCC has proposed the establishment of a national NEPTS working group. The group will bring together senior operational and planning leads from across NHS Wales to support collaborative working, oversee the implementation of agreed priorities,

and identify opportunities for system-wide improvement. Once established, the working group will provide regular updates and reports on progress against the Future Vision and associated delivery plans.

2.6.2.3 Clinical Support Hubs/Remote Clinical Assessment

Recent discussions with the Chief Executives Management Team (CEMT) have resulted in request for the development of an options paper which sets out:

- A do-nothing option
- A clinical support hub de-commissioning option returning resources to Health Board level in readiness for local investment and response
- A clinical support hub de-commissioning option enabling use of resource at a National/Regional level.

The initial outcome for this work is anticipated to be reported to CEMT by at their meeting on 06 October 2026.

2.6.2.4 Rural Ambulance Response

Following the Joint Committee's consideration of the Rural Response Options paper in March 2026, work has been undertaken to develop an approach to re-engage rural communities and stakeholders on ambulance response arrangements in rural areas. The purpose of this engagement is to better understand current and emerging concerns following the changes to the ambulance performance framework, to inform future service improvement proposals, and support development of a rural ambulance improvement proposal for consideration by the Joint Committee in November 2026.

Discussions with Llais have helped shape the focus of the engagement around a single key question: *"What would be important to you if you, or a family member, needed an urgent medical response whilst in a rural area?"* This approach reflects the programme's objective of improving rural ambulance response and ensuring that future proposals are informed by patient and community perspectives.

Subject to Joint Committee support, it is proposed that:

- An eight-week engagement programme will be undertaken during summer/autumn 2026.
- The engagement will be coordinated by the JCC and delivered where possible through existing Health Board and WAST engagement arrangements,
- Llais will support through their regional mechanisms
- Activity will include a bilingual briefing document and online questionnaire.
- Responses will be collated by the NWJCC and analysed jointly with Health Board engagement leads to ensure local perspectives are fully considered.

The findings from the engagement, together with clinical, operational and workforce considerations, will inform the development of a rural ambulance improvement proposal.

2.6.2.5 National Programmes

2.6.2.5.1 Neonatal Transport Network

There is a need to respond to work that has been on-going for a number of years to a) develop and implement a new service specification for Neonatal Transport service in Wales and, more recently, b) secure hosting arrangements for the network, due to the changing role of NHS performance and improvement, where the Network is currently hosted.

The Ambulance Services and National Programmes commissioning team has committed to enabling a workshop with both clinical and managerial representatives as well as colleagues from WAST and the Neonatal Transport Network to discuss and determine the service specification during quarter 3. The governance for the work will be enabled through as a workstream of the broader neonatal service review underway within the JC.

2.6.2.5.2 Major Trauma Network

As reported previously, The Emergency Medical Retrieval and Transfer Service (EMRTS) has highlighted issues regarding the service's continued ability to provide night-time cover for the Major Trauma Desk. In response to the NWJCCs request for the South Wales Major Trauma Network Operational Delivery Network (ODN) to identify potential options to resolve this, a solution focussed workshop is being scheduled to bring together all relevant partners to determine a way forward. Assurance has been given that no change to service will take place before these discussions have been had, and a solution identified.

The South Wales Major Trauma Conference is scheduled for 12th November 2026, with a focus on 'Preparing for the future', the NWJCC has been invited to speak about its commissioning approach.

2.6.2.5.3 Sexual Assault Referral Centres (SARC) Commissioning

Correspondence received from Jacqueline Totterdell (11th June 2026) gave clarity with regards the expected role of the NWJCC in working with partners across the policing system, and through the Offices of the Police and Crime Commissioners on the commissioning of SARC services. Explicit within this correspondence was also confirmation that the NWJCC was not expected to manage the historical Welsh Sexual Assault Service (WSAS) Programme (which had a remit broader than the JCCs role and responsibility).

This clarity has enabled focussed discussions between the NWJCC and Police forces, in order to establish a streamlined commissioning structure, and an 18-month programme of commissioning activity to arrive at the optimum service model that responds to the needs of individuals who have experienced sexual assault, underpinned by an agreed service specification, financial plan and performance framework.

Organisations are currently reviewing all individually held contracts with a view to bringing these into alignment in readiness for a new procurement process by

April 2028. Specifically, for the NWJCC, this means a direct award arrangement to the current providers of counselling services (held in NWJCC contracts) in order to ensure continuity of service between 1st April 2027 and 31st March 2028.

2.6.2.5.4 Voluntary Sector Commissioning Framework

Further to the previous update shared in May, a workshop was held with all Health Boards and County Voluntary Councils on the 18th June 2026, to share the baseline position that had been developed across Wales. Next steps include the development of a baseline document with some future commissioning principles moving forward. The NWJCC has been asked to identify further areas which may benefit from collective review, and based on volume of contracts, spend, complexity and potential different models of commissioning, would suggest that adult mental health commissioned services are worthy of consideration in this regard.

2.6.3 Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups (MHLDVG)

2.6.3.1 Services in escalation: Caswell Clinic

Caswell Clinic remains in Level 3 escalation, with the NWJCC working closely with Swansea Bay UHB (SBUHB) to support de-escalation through delivery of the existing Improvement Plan. A detailed NWJCC review in April/May 2026 identified the remaining requirements for transition to Level 2 monitoring.

A clear action plan is in place, supported by monthly evidence submissions, escalation meetings and ongoing engagement with the service. De-escalation will be considered once sufficient assurance is provided that all safety issues have been addressed or are subject to robust interim mitigations where longer-term actions remain.

2.6.3.2 Medium Secure bed occupancy:

Occupancy levels in block contract inpatient Medium Secure beds remain below capacity, with one 14 bed unit out of use for Medium secure patients in Caswell. This is while building work is completed on a Low Secure Unit on the same site. As building work in Taith will impact bed availability for the remainder of this year, a position on funding return will be progressed with SBUHB in the coming months.

A capital investment business case for two seclusion units in Caswell has been submitted and is awaiting an outcome via Welsh Government. If approved, this will impact occupancy for a further year, whilst work is underway, but will enable full occupancy of beds in the longer term.

2.6.3.3 Gender incongruence services:
2.6.3.3.1 Review of adult Welsh Gender Service (WGS)

The NWJCC commissions the gender care pathway for Welsh patients, including assessment, referral and ongoing care via the WGS (C&VUHB), and access to surgery through NHSE via cross border arrangements, but does not directly commission or provide surgery itself. NHSE commissions all gender surgery services, including the surgical pathway and provider contracts.

The NWJCC is currently reviewing the adult WGS provision (involving independent experts on NHSE Levy review) to ensure the Welsh model of provision and delivery is in line with the latest evidence base and aligned with service provision in the other UK nations. The review will be conducted by the end of December 2026 with a report and any recommendations produced by March 2027.

NWJCC are in the process of commissioning independent expertise, relating to Quality Improvement, and to assess the WGS against the recommendations within the Levy review, most notably the recommended changes to the clinical model and structural organisation of the services.

The NWJCC are engaging with NHSE Arden & GEM, who hold UK wide referral data centrally, to support service activity analysis as part of the review of the adult WGS.

2.6.3.3.2 CYP Gender services

NWJCC is engaging with the National Provider Network for CYP Gender services who are devising performance Dashboard for service providers, from which the NWJCC will receive a report on Welsh patients.

Young people from Wales who have been referred via local care pathways are on a waiting list for specialist gender assessment and treatment, held centrally with NHSE Arden & GEM.

2.6.3.3.3 St Andrews Healthcare: Hospital Framework

The service remains suspended from the National Framework Agreement, with NHS England continuing to oversee commissioner arrangements to support the transfer of remaining patients. The aim was to transfer all Welsh and Isle of Man patients from the site by the end of June, although some capacity will remain for patients from other regions.

Of the 22 patients originally placed through the All-Wales Framework, 5 Welsh patients remain, all requiring secure care. Planned admissions to alternative providers are in place for 2 patients, with arrangements continuing for the remaining 3, whose complex needs have made identifying suitable placements more challenging.

2.6.3.3.4 Digital Online Psychological Therapies

At the May 2026 JC meeting, members were updated on the future service model and commissioning approach for online digital therapies, that has been developed collaboratively with Welsh Government and NHS Wales Performance and Improvement. The specification was approved by NWJCC policy group, with key design principles such as open access and self-referral embedded to support consistent, equitable access across Wales. The launch of a two-stage commissioning process will open on 13th July, commencing with an Expression of Interest (EOI) phase to appoint a lead Health Board. All Health Boards will be invited to express interest in being a host organisation to lead delivery, alongside their proposed partnership arrangements for procuring digital software providers and establishing a pan Wales blended model of provision. A Programme Management Board will be established to oversee the procurement of the digital aspects of provision via the Host Health Board.

Service commencement for the Digital Therapies contract is from 1st April 2027, within a 3-year funding programme. The procurement process led by the Health Board will therefore need to ensure that the contracts are awarded to the digital providers, for the service provision to be fully operational by this date.

2.6.3.3.5 Traumatic Stress Wales: Transfer to PHW

At the November JCC meeting it was confirmed that agreement had been reached, subject to confirmation of staffing and resource position, for the TSW service to be transferred to Public Health Wales as host organisation, to sit alongside their Adverse Childhood Experiences' hub. Works remains ongoing to finalise the transfer with NWJCC colleagues working closely with CTMUHB (as the host organisation of the NWJCC) and Public Health Wales continue to progress the transfer through the finalisation of Transfer of Undertakings processes. Timescales have been significantly longer than originally anticipated due to the complexity of staff contractual arrangements which has required legal advice. CTMUHB received the legal advice in July 2026. This is currently being operationalised to finalise the TUPE process.

Budget allocations to health boards for their commissioned service activity remain with the NWJCC for oversight and ringfencing. Further updates will be shared with the JCC as they arise and, in the interim, will continue to be reported to the CTMUHB Hosted Bodies Audit, Risk and Assurance Committee as part of the NWJCC's regular Internal Audit recommendation tracker update.

2.6.3.3.6 Eating Disorder Inpatient Provision

Adult eating disorder placements are predominantly commissioned via the National Hospital Framework. All providers are now located in England after the closure of the only Welsh hospital in April 2026. Patients from North Wales may be placed with Cheshire and Wirral Partnership as part of a Provider Collaborative arrangement with commissioners and providers from North-West England. Currently 11 patients are being cared for in Hospitals in England. A review into

provision and community models of care will inform future commissioning intentions.

2.7 Collaborative Commissioning Leadership Group (CCLG)

The CCLG met on the 23 June 2026 to consider the following:

- **Annual Plan Delivery**
  The majority of the meeting focused on progress against the NWJCC Annual Plan and its programme of strategic priority areas. Members reviewed progress across agreed Strategic Reviews (Mental Health, Neonatal, Cardiac and Ambulance services), Deep Dives (Renal, Individual Patient Funding Requests and Thrombectomy) and Enabling Projects (Referral Management and, Sustainability and Efficiency). An overview of progress as at end May 2026 was also shared at the PPF meeting of the 2 July 2026 and a further update is shared at this meeting as agenda item 3.3.

  Attendees acknowledged the need to strengthen analytical capacity within the JCC and access to data to support the strategic priorities and stressed the importance of continued Health Board lead support to deliver agreed plans.

- **Welsh Ambulance Service NHS Trust Productivity and Efficiency Programme**
  Rachel Marsh from the Welsh Ambulance Services NHS Trust (WAST) provided a detailed update on WAST productivity and efficiency plans, including the following key initiatives:
  - NEPTS re-rostering to increase capacity.
  - Increasing Advanced Paramedic Practitioner productivity.
  - Reducing sickness absence and abstractions.
  - Supporting Handovers within 45 minutes.
  - Increasing non-conveyance and alternative pathway usage.
  - Improving responses to high-acuity calls and stroke pathways.
  - Delivering a £9 million savings requirement while maintaining service improvements.

- **Advanced Therapies and Future Planning**
  The CCLG received an update on ongoing work to review the options available to the NWJCC for advanced therapies and the growing financial challenge associated with gene therapies and other highly specialised treatments.

  An options workshop is scheduled with Welsh Government colleagues in August.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
	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
	A Prosperous Wales A Resilient Wales A More Equal Wales A Wales of Cohesive Communities A Globally Responsible Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People Data to Knowledge Learning, Improvement and Research Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient Equitable Person Centred Timely Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / **Quality** Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	n/a
Cydraddoldeb	Yes: ☐	No: ☒

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / **Equality** Have you undertaken an Equality Impact Assessment Screening?	Outcome:	
Cyfreithiol / Legal	National Health Service Joint Commissioning Committee (Wales) Directions 2024 National Health Service Joint Commissioning Committee (Wales) Regulations 2024	
Enw da / Reputational	There is no direct impact on the reputation of the HBs or the JC as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / **Resource Impact** (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

4. RECOMMENDATIONS

The members of the Joint Commissioning Committee are asked to:

- **Note** the report.