Unconfirmed Minutes of the NHS Wales Joint Commissioning Committee Meeting held in public on Tuesday 18 March 2025

Microsoft Teams and In Person at Willowford

Members:

Ian Green (Chair)	(IG)	Lay Member, NHS Wales JCC (In Person)
Abigail Harris	(AH)	Chief Executive Officer, Swansea Bay University Health Board, (In Person)
Philip Kloer	(PK)	Chief Executive Officer, Hywel Dda University Health Board (In Person)
Shameem Nawaz	(SN)	Lay Member, NHS Wales JCC (In Person)
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan University Health Board (In Person)
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale University Health Board (In Person)
Mandy Rayani	(MR)	Lay Member, NHS Wales JCC (In Person)
Nia Roberts	(NR)	Lay Member and Vice Chair of the JCC, NHS Wales JCC (In Person)
Carol Shillabeer	(CB)	Chief Executive Officer, Betsi Cadwalader University Health Board (part meeting)
Hayley Thomas	(HT)	Chief Executive Officer, Powys teaching Health Board
Paul Worthington	(PW)	Lay Member, NHS Wales JCC (In Person)

Associate Member:

Stacey Taylor	(ST)	Interim Chief Commissioner, NHS Wales JCC (In Person)

Deputies:

Linda Prosser	(LP)	Executive Director of Strategy & Transformation, Cwm Taf Morgannwg University Health Board (In Person)

In Attendance:

Huw George	(HG)	Interim Chief Commissioner, NHS Wales JCC (From 1st April 2025) (In Person)
Carole Bell	(CB)	Director of Nursing & Quality, NHS Wales JCC (In person)
Iolo Doull	(ID)	Medical Director, NHS Wales JCC
Georgina Galletly	(GG)	Director of Transition and Transformation, NHS Wales JCC (In Person)
Claire Harding	(CH)	Interim Director of Planning, NHS Wales JCC (In Person)
Jacqui Maunder	(JM)	Committee Secretary & Associate Director of Corporate Services, NHS Wales JCC (In Person)

Shane Mills	(SM)	Director for Commissioning and Mental Health, NHS Wales JCC (In Person)
Rachel Marsh	(RM)	Executive Director of Strategy, Planning and Performance, Welsh Ambulance Service University NHS Trust (Until 12)
Helen Tyler	(HT)	Head of Corporate Governance, NHW Wales JCC (In Person)
Ross Whitehead	(RW)	Director of Commissioning for Ambulance and 111 Services, NHS Wales JCC (In Person)
Melanie Wilkey	(MW)	Director of Commissioning for Specialised Services, NHS Wales JCC (In Person)
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Welsh Government

Observing:

Susan Browne	(SB)	Welsh Kidney Network Manager, NHS Wales JCC (Part Meeting)
Yasmin Fraser	(YF)	Member of the Public
Lee Leyshon	(LL)	Deputy Director Communications and Engagement, NHS Wales JCC
Richard Palmer	(RP)	Senior Specialist Planning Manager, NHS Wales JCC (Part Meeting)
Ricky Thomas	(RT)	Head of Informatics, NHS Wales JCC
Sandra Tallon	(ST)	Assistant Director of Finance, NHS Wales JCC
Gavin Owen	(GO)	Deputy Director of Commissioning for Ambulance and NHS 111, NHS Wales JCC

Apologies:

Susan Elsmore	(SE)	Lay Member, NHS Wales JCC
Jason Killens	(JK)	Chief Executive, Welsh Ambulance Service Trust
Angela Mutlow	(AM)	Director of Operations, Llais
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg University Health Board

Minutes:

Karla Williams	(KWi)	Interim Corporate Governance Officer, NHS Wales JCC

The meeting opened at 9:30am

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JCC24/131	**1.1 Welcome and Introductions** The Chair, Ian Green (IG) welcomed members, attendees and observers to the NHS Wales Joint Commissioning Committee (JCC) Joint Committee (JC) Public meeting and introductions were made, highlighting there were a number of observers as noted above.

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	There were no objections to the meeting being recorded and it was confirmed that the recording would be available on the JCC website following the meeting. It was noted that a quorum had been achieved.
JCC24/132	**1.2 Apologies for Absence** Apologies for absence were noted as listed above.
JCC24/133	**1.3 Declarations of Interest** There were no additional declarations of interest relating to the items for discussion on the agenda. The Chair highlighted that each HB had an interest in the approval of the Foundation Plan and in relation to Item 3.1 the JCC is required to work with all its partners and stakeholders in the best interests of the population of Wales and it is recognised that each HB member must discharge its collective duty for the population of Wales.
JCC24/134	**1.4 Minutes of Meeting held on 21 January 2025 and Matters Arising** The minutes of the Joint Commissioning Committee (JCC) meeting held on 21 January 2025 were **approved** as a true and accurate record of the meeting. There were no matters arising.
JCC24/135	**1.5 Action Log** Members **noted** the progress on the actions outlined on the action log and **agreed** the completion of the actions marked as 'closed' including Actions 67, 70, 72, 73 and 74. Jacqueline Maunder (JM) provided an update on the open actions which remained in progress. Regarding Action 72, Ross Whitehead (RW) confirmed that productive discussions had taken place between the JCC and Welsh Ambulance Services Trust (WAST) and moving forward, colleagues from both organisations recognised the importance of collaborative working. Rachel March (RM) agreed and confirmed that further meetings have been scheduled to take place throughout the year.
JCC24/136	**2.1 Chair's Report** The Chair's report was received, and members noted the key meetings attended and updates as follows: • **New Interim Chief Commissioner -** On 1 March 2025 Huw George (HG), Deputy CEO and Executive Director of

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	Operations and Finance at Public Health Wales (PHW), took up the role of interim Chief Commissioner for twelve months. The Chair thanked ST for undertaking the role on an interim basis and welcomed HG to the JCC. • **Vice Chair of the JCC -** Nia Roberts (NR) has resigned from the Vice Chair position. The Chair acknowledged her service within the role. There were currently no plans to appoint a new Vice Chair. • **Interim Chief Commissioner Financial Limits -** In readiness for the new interim Chief Commissioner starting on 1 April 2025 Members approved the financial delegation limit for the interim Chief Commissioner of the JCC, HG, specifically in relation to Service Level Agreements (SLAs) in line with the Standing Financial Instructions (SFI's). The Joint Commissioning Committee resolved to: • **Note** the report; and • **Approve** the financial delegation limit for the new interim Chief Commissioner of the JCC, Huw George from 1 April 2025 until 31 March 2026.
JCC24/137	**2.2 Interim Chief Commissioner's Report** The Interim Chief Commissioner's report was received and members noted the following updates: • **Accountable Officer (AO) letter - Delivery of 2024/25 plan -** On 21 February 2025, ST informed the Director General Health, Social Care & Early Years Group / NHS Wales Chief Executive that due to system-wide challenges, it was unlikely the JCC would approve a balanced Integrated Medium Term Plan (IMTP). However, positive discussions were ongoing about developing a Foundation Annual Plan for 2025/26, • **Conclude the consultation, finalise and implement the new organisational structure for the JCC -** The consultation period closed on 16 January 2025. Feedback from the JCC Team was taken into account by the Senior Leadership Team (SLT) and the final structure reflected the suggestions and comments received, • **Develop and implement a Scheme of Delegation for Officers of the JCC -** Work has been undertaken to review and identify the appropriate delegations to support the operational management of the JCC, • **Develop a Commissioning Assurance Framework for the JCC -** Work has begun on the development of an Assurance Framework for the JCC to monitor delivery and risks associated with the Plan and the JCC's Strategic Objectives,

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	• **Commence and complete Internal Reviews for Traumatic Stress Wales (TSW) & Welsh Kidney Network (WKN) -** These two internal reviews have commenced and will be concluded by 31 March 2025; and • **Secure Public Health Expertise/Resource -** Discussions continue to be held with Public Health Wales (PHW). **ACTION:** An update to be brought to the Joint Committee meeting on 20 May 2025 outlining the public health input and resource for the JCC, aligned to the recommendation in the Combe report. The Joint Commissioning Committee resolved to: • **Note** the report.
JCC24/138	**2.3 Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups** The Commissioning report from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups (MHLDVG) was received. Shane Mills (SM) presented the report and members noted updates on Perinatal Mental Health, TSW and Sexual Assault Referral Centres (SARC). The Chair requested that a report detailing the governance, responsibilities, accountability, NHS liabilities and partnership elements of SARC be brought to a future meeting. The Chair requested clarification in relation to the JCC's mission and role, especially if it acts as a convener of partnerships separate from its commissioning responsibilities. As a provider, the JCC must ensure service provision requirements are met. Additionally, it's important that this feeds into the appropriate commissioning channel. **ACTION**: Report to be brought to a future JCC meeting outlining the governance, accountability, NHS liabilities and partnership working elements of the SARC service and how it links to the JCC. To include which elements will remain with the NHS Executive. Abigail Harris (AH) commented that SBUHB was conducting a detailed review of all Mental Health services with an external advisor, which may raise some issues in relation to JCC commissioned services. The HB had appointed Melanie Walker a former Chief Executive of the Devon Partnership Trust as their advisor.

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	Suzanne Rankin (SR) suggested discussing gender and reminded JCC members of the previously agreed commissioning approach for children and young people. She advised that it would be helpful to evaluate the effectiveness of delivery, assess waiting lists, and quality of care. SR advised that clinicians had requested this evaluation. Additionally, SR emphasised the necessity of engaging with the adult gender team and continuing work on the service specification. It was agreed to discuss this further in the upcoming Strategy Workshop in April 2025 and to include a specific item under the Mental Health deep dive on Gender. SM noted that the waiting list for children had decreased by 10% showing progress in service delivery. SR raised concerns about young people accessing puberty blockers privately, often leading to their referral to adult services during treatment. The current system did not adequately address these referrals, which was problematic. Clinicians felt obliged to provide some response or clinical advice. Linda Prosser (LP) asked who was responsible for policy setting in this area, considering the political and commissioning aspects. The Chair commented that responsibility for commissioning lies with the JCC and noted that children's gender services currently were not provided in Wales. He reminded members of the implications following the Cass review and suggested having a further discussion on the Gender Identity Development Service (GIDS). The importance of understanding the national picture on gender services, including statements from other nations and the role of mental health policy in Wales was noted. SM reassured members that the JCC were trying to bring as many children as possible back to Wales for treatment and there was a satellite clinic in Cardiff with the aim to replicate this model in North Wales. **ACTION**: A specific update on gender to be included in the Mental Health Deep Dive at the April 2025 strategy workshop. Nicola Prygodzicz (NP) queried how work was progressing with collating occupancy data. SM advised that this has been shared within the MH commissioning groups. NP asked if this could be sent to Chief Executive Officers (CEOs) directly.

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	ACTION: MH data on out of area placements to be circulated directly to all CEOs. The Joint Commissioning Committee resolved to: • **Note** the report.
JCC24/139	**2.4 Director of Commissioning Ambulance Services and 111** The Commissioning report from the Director of Commissioning for Ambulance Services and 111 was received. Ross Whitehead (RW) presented the report and members noted updates on the Ambulance Patient Handover - National Improvement Approach & Ambulance Measures Review, the Emergency Medical Retrieval and Transfer Service (EMRTS) Review – Judicial Review and Manchester Arena Inquiry Assessment. RW advised members about the Cabinet Secretary's announcement regarding the establishment of a new clinically-led 'National Ambulance Patient Handover Improvement Implementation Group which will be responsible for developing and overseeing an implementation plan that incorporates a series of actions based on successful practices and lessons learned from both within Wales and other regions of the UK. The first meeting was taking place that evening and consisted of various Health professionals from across all HBs. The work of this group will be a key enabler in supporting the JCC in reducing its emergency ambulance services associated risks around utilisation of capacity and will lead to improved productivity. RW explained that the implications for the JCC as commissioner is that there was an increased focus on outcomes for patients and these were fully aligned to the commissioning intentions. RW highlighted that further work would also be undertaken in coming months on the other categories as there remains clinical risk within these other areas. The Chair inquired about the implications for the JCC as a commissioner following the ministerial announcements. RW stated that the changes to performance were fully aligned with the JCC commissioning intentions and the broader goal for ambulance services to take on a larger role, with an increased emphasis on improving patient outcomes. In relation to Save a Life Cymru (SaLC), RW advised that additional work was needed to understand the specifics of the transfer, but it was understood to be a fully funded programme of work. Lastly, concerning the handover work, RW emphasised that efficient delivery and freeing up resources was crucial to reducing risk in this area, which related to the risk register and the high level of risk associated with ambulance handover delays.

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	Rachel Marsh (RM) explained that WAST was delighted with the announcement, noting the focus on patient outcomes was welcomed and there would be no support required from JCC moving forward as the programmes of work had already been established. RM reassured the JCC that evaluation work would be undertaken in conjunction with the JCC. Phil Kloer (PK) advised it was good to see the progress. He was specifically interested in 111 and queried the large volume of people that try to access services but ended up in A&E. PK noted that there was lots of information contained in the plan but not a lot shown in the report. He asked if there was a reason why 111 was not included within the report. RW confirmed that the report focused on the most recent announcements and reassured members that work in 111 was ongoing. He committed to providing more detailed future reports covering all aspects of the portfolio. RW advised that an academic review had been conducted, and he had been requested by Welsh Government to advance this work. RW stated that he has initiated discussions with HBs regarding the subsequent steps. PK thanked RW and highlighted the importance of scheduling unscheduled care, drawing on learnings from Denmark and wondered on the role of the JCC as commissioner. PK believed that 111 would have a key role and presented opportunities. RW agreed and there was the opportunity for the ambulance service to undertake more clinical assessments at the point of the call and help direct patients into the right part of the system especially for those patients not in urgent need of treatment. AH welcomed the upcoming work and welcomed sight of an equality impact assessment (EQIA) which would help set out what the JC is aiming to achieve. AH also asked for clarity on the clinicians sitting on the 'National Ambulance Patient Handover Improvement Implementation Group' as she wanted to ensure representation from SBUHB. AH emphasised the need to focus on impactful actions and noted that the health issues in our population, combined with unclear guidance on where to seek appropriate care, often led people to emergency departments by default. There is a need to direct these patients to the right sort of care. Paul Worthington (PW) inquired about the new category for stroke. RW confirmed that stroke would stay in the amber category and mentioned ongoing work to advance early development of rapid clinical screening. RW advised that the NWJCC were in discussions with WAST about measuring and conducting early reporting on the impact of rapid clinical screening, focusing on patient outcomes and

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	prioritisation. RW highlighted the savings and efficiencies throughout the system that could be achieved if stroke patients received earlier intervention. Nick Wood (NW) emphasised that prioritising emergency care calls was crucial for improving safety in the Ambulance response system. When scheduling care, several considerations needed to be taken into account. Currently, emergency departments (ED) did not record presenting conditions in a well-structured manner, resulting in approximately 30% of cases being categorised as unwell patients, which complicated scheduling for this group. Furthermore, it was essential to clarify the type of care we aim to schedule—whether it is urgent or emergency care—as these categories are presently indistinguishable. Many older adults with multiple medical conditions access emergency care systems unnecessarily because alternatives are not well signposted or developed in a consistent and logical way. NP discussed the necessity of prompt treatment for stroke patients, emphasising their prioritisation within the amber category. Regarding scheduling, NP advised that long delays often involved elderly frail patients and suggested that the community rapid response to ensure timely intervention for this patient group should be enhanced along with some work with care homes. Most patients waiting over eight hours were over eighty years old, necessitating an alternative response for this group and which potentially avoided the need for a conveyance. RW confirmed that there had been instances where decisions were made to keep elderly patients at home, but this needed to be applied consistently and the key will be linking in with care co-ordination flow and navigation hubs. ST thanked everyone and reminded the JCC team to focus on their system leadership role and be clear about the JCC remit and system boundaries. ST emphasised that over the next twelve months, the JCC must consider its strategy and how to sustain successful delivery. The Chair agreed that there was a need for clarity on accountability and responsibility. The Chair noted that the JCC provided an opportunity to have these conversations, as it is the platform where HBs come together to make decisions. The Chair asked how we can measure the impact of these announcements but did not expect an immediate response, however requested that the implementation was captured and monitored through the routine report.

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	Members noted that Courts decision on the Judicial review was awaited following the extended hearing which took place on the 7 February 2025. In recognition of this, further work by the JCC team on the delivery of the review's recommendations has been paused. Members will be updated following receipt of the court's decision. AH queried whether there would be risks associated with the pause and delay for either the Wales Air Ambulance Charity or Emergency Medical Retrieval Transport Service (EMRTS (as SBUHB had an interest as the host of EMRTS). RW reassured members that the charity continued to explore their requirements despite the work from JCC being paused. ST and RW have remained in contact with the EMRTS team and RW welcomed the opportunity for more detailed discussions around the hosting arrangements. Members noted that a series of stakeholder workshops to support the Manchester Arena Inquiry Assessment were undertaken during March 2025. The workshops were an opportunity for HB nominated representatives to hear from the ambulance service on the work that they have submitted. Representatives have the opportunity to question and discuss each element of the case with ambulance service colleagues, to gain sufficient knowledge of the case to provide scrutiny and inform the next phase of this work. The JCC had taken legal advice regarding its responsibility around decision making. RW has also held discussions with NHS England (NHSE) colleagues in relation to the assessments they have received. The Chair inquired about the information being collected from other commissioning organisations regarding their approach across the UK, as this was a national issue. The Chair was pleased to note that the JCC had sought legal advice considering the importance of the JCC response. The Chair asked about the timeline for this work and RW explained that they would present the timeline in the strategy workshop on 15 April 2025 and this will outline the required scrutiny through the CCLG up to the JCC. The Joint Commissioning Committee resolved to: • **Note** the report.
JCC24/140	**2.5 Director of Commissioning of Specialised Services** The Commissioning Director report from the Director of Commissioning of Specialised Services was received. Melanie Wilkey (MW) presented the report including risks and highlights from the Commissioning Teams.

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	Members noted there had been two Specialised Services Commissioning Group (SSCG) meetings during the period. As the new Terms of Reference (ToR) had only recently been drafted, the membership had not yet changed from the predecessor WHSSC Management Group. The Collaborative Commissioning Leadership Group (CCLG) members had been asked for nominations from their HB organisation, in readiness for the next meeting on 27 March 2025. Following these meetings, this will take the form of a highlight report from the SSCG. MW addressed queries that were raised ahead of the meeting on Prostate-Specific Membrane Antigen (PSMA) due to the ongoing production challenges with Positron Emission Tomography Imaging Centre (PETIC) in CVUHB which had led to extensive delays in patients receiving scans for suspected prostate cancer. There were up to fifty patients currently on the CVUHB waiting list and approximately twenty patients on SBUHB's waiting list. An update was received from the Urology Network who have been looking to source alternative radio pharmaceuticals which would enable scans at CVUHB to get back up and running. In the meantime, additional scans were being sourced from an English provider and SBUHB to support a reduction in the waiting list. Undertaking clinical revalidation with all the PMSA PET requests has been suggested with a view to shared decision making, noting that these scans were not mandated according to NICE guidance, therefore, the suggested triage involves categorising patients into high, intermediate, and lower risk groups: • **High-risk patients** will be prioritised for PSMA PET scans • **Intermediate-risk patients** should have discussions with their clinicians about the benefits of waiting for a PET scan versus undergoing radical treatment that might not be effective and could potentially be avoided if a PET scan was performed • **Lower-risk patients** should discuss whether a PET scan would change the decision-making for their treatment modalities. This triage system would also be applied to any new patients. MW highlighted this was currently a UK wide issue. Mandy Rayani (MR) emphasised the significance of engaging in clinical conversations with patients. She noted that patients often receive a presumed diagnosis and were initially informed that the scan will occur within ten working days. However, after six weeks, patients remained uncertain about the scan schedule. PW also

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	expressed concerns regarding these delays but concurred that clinical re-evaluation was a positive approach. NR echoed MR's concerns about the delays and questioned the potential clinical effects. Iolo Doull (ID) clarified that there was an infection issue with PETIC, but the production issue is specific to Wales. He stressed the importance of prioritising new staging and by chemical recurrence and noted that the 10-day waiting period in Wales was much shorter compared to other places in the UK. The clinicians and Neurology Network had been pro-active in prioritising which patients should have the PSMA scans done first. PK asked about whether patients from any particular areas were being disadvantaged and questioned how HB teams were processing the details to understand if there were differential access issues for the different HB populations. MW advised that the JCC team did not hold that level of information although suggested it was likely to be related to the catchment areas. CB assured members that they were currently working with two HBs whose clinicians had raised specific concerns on behalf of their populations. ID noted that the differential was biased against patients in the South East as the SBUHB service continued to use a commercial provider for PSMA scans and therefore were less affected by PETIC. He emphasised that in the short-term, the SBUHB service was amenable to assessing patients based on their clinical need for a PSMA scan independent of where they live across Wales. NP expressed concerns about the availability of services by the end of March 2025 and the need to seek additional providers. ID responded that the JCC was informed similarly but the approval depended on the HMRA and was therefore unable to provide assurance at this point on that timescale. He reiterated that the critical patients were those requiring staging and that PSMA was the most important test in staging by chemical recurrence. The cancer network and urologists were looking at different pathways for diagnosis in those patients. HG emphasised the need to have an all Wales focus on provision of the service. ST noted that there was a project team looking at demand and workforce across the whole of Wales, however the funding to support this had not yet been fully clarified. If the situation was not resolved by 26 March, it will become an escalation issue.

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	NP expressed the need for urgent clarity on where the current group of patients could access the service on the basis of their particular needs, recognising that this was part of a broader piece moving forward. The Chair suggested conducting a piece of work to gain assurance that the current cohort of patients, across Wales, were being treated accordingly and to enable a quick response to be provided. ID confirmed that it was a UK issue and that the JCC had explored other alternatives across England. He reiterated that there was likely capacity in SBUHB and that the service was open to prioritising patients on a South Wales approach to ensure patients are being reallocated and treated appropriately. SR emphasised the need to navigate duality for services partly commissioned by the JCC, highlighting that the strategic issue at hand was urgent cancer care and questioned the mechanisms in place to ensure that demand and unmet needs were being addressed, and that limited available resources were allocated effectively and equitably. **ACTION**: An urgent piece of work to be undertaken to identify how limited scan capacity will be prioritised according to clinical need and responsibility for health equity. A wider piece of work on equity of access will feature as a transformation piece of work detailed in the approved foundation plan. Carole Bell (CB) added there would be the opportunity to report through the Quality Safety and Outcomes Sub-Committee (QSO) on 31 March 2025 to ensure assurance was provided back to HBs. SR advised that the report differed from what her team were advising on Thrombectomy. She noted that rates remain extremely low and Bristol indicate they cannot increase their capacity further and questioned the consideration of accelerating the deployment of capacity and interventional capability. MW suggested that progress could be faster dependent on recruitment timescales within CVUHB, so there may be opportunities available which could be explored further outside the meeting. The Joint Commissioning Committee resolved to: • **Note** the specialised commissioning updates summarised in this report; and • **Note** the summary of specialised risks described, mindful that these are managed by means of the organisational risk register and that risks and services in escalation are reported to the JCC Quality, Safety and Outcomes sub-committee (QSO) for detailed scrutiny.

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JCC24/141	**3.1 Joint Commissioning Committee Foundational Annual Plan 2025-2026** The Foundation Annual Plan for 2025-2026 was received and members noted the strategic priorities, financial risks, and the need for collaboration and accountability. The JCC were seeking endorsement of a risk-based foundation plan, requiring a 4% uplift, whilst reinforcing commitment to the development of a 3 year IMTP from 2026. ST advised that the plan concentrated on a number of transformational strategic areas to deliver upon, which will set the foundations for 2026 onwards. She highlighted the current JCC overspend position which the plan sought to make right for the next financial year, acknowledging the challenges in the context of HB discussions with Welsh Government over local settlements. The Chair invited HG to comment and HG advised that the collaborative work that had been undertaken to form a consolidated plan provided a good stepping stone for next year. He highlighted the importance on delivering the components of the plan and understanding the impacts of the plan throughout the year. Claire Harding (CH) highlighted that extensive engagement had been undertaken in the development of the plan, specifically with HBs and a range of peer groups, through a period of changing governance arrangements and organisational change as the JCC had been establishing. A strong steer was given by members of the Joint Committee that given the financial context of NHS Wales at the current time, that any plan developed by the JCC should be risk based and of relatively low investment. In having established a risk based foundation plan over a one-year basis, as a pre-cursor to a 3-year IMTP from 2026, it was noted that the plan was based on eight strategic priorities and a number of year one activities for each of the delegated commissioning areas. Linda Prosser (LP) advised that the 4% uplift would be challenging. PW highlighted that there were risks involved, both clinical and financial and recognised that there was significant work scheduled to mitigate these risks for Q4 and next year which would be challenging. Carol Shillabeer (CS) thanked everyone for their efforts in developing the plan acknowledging the difficult position for BCUHB in respect of the 4% uplift, highlighting the significant challenge of reallocating funds within the HB. She questioned the current position on the non-recurrent funding from Welsh Government.

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	Hayley Thomas (HT) appreciated the development of the plan and the discussions with the teams and highlighted the impact of the 4% uplift and the reality for additional savings to be identified from other areas within the HB. She asked how the JCC would understand the consistency of activity undertaken by providers within the Welsh system to those in other parts of the UK which PtUHB were dependent upon commissioning, and also questioned the handling of non-pay inflation and its impact on the overall plan. SR thanked the team for their work and emphasised the need to be explicit about the articulation of the risks. She noted that high thresholds for deciding whether to fund services had been articulated, however there were services that did not meet the threshold, which had their own specific challenges and risks. She also noted the lack of discontinuation of low value services and the absence of contingency in the financial plan and stressed the importance of clearly and quickly articulating these issues and the key enablers before approval. NP thanked members and noted the significant progress made. She agreed with all of the comments made and acknowledged that it was a high-risk plan. She mentioned the challenge of supporting the 4% uplift, which took a third of the ABUHB whole allocation uplift, emphasising the need for transparency around the choices that had and had not been made in order to develop the plan and the importance of summarising it clearly. The Chair acknowledged the importance of providing a compelling story within an executive summary. PK supported and echoed concerns that had been highlighted above in respect to the 4% uplift as it stands for HDdUHB. He emphasised the need for clarity on what was included in the 4% investment and the importance of reporting on the additional money going into the JCC to provide assurance and accountability of the plan being approved. The Chair recognised the different approach to accountability of the plan on behalf of HBs and the need for assurance that the plan will create any further risks. AH reiterated the same concerns already voiced around the 4% uplift and the challenges it raised on the SBUHB savings target and highlighted the risks that HBs will be holding in terms of patients presenting within secondary care services as a result of the commissioning choices made within the plan. She recognised that having a foundation plan was helpful as it provided an opportunity to stand back and reflect on the needs and services for our population.

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	PW expressed gratitude for the advanced work done by the teams to provide assurance to the JCC Performance, Planning & Finance Sub-Committee, however highlighted the importance of also monitoring the risks on the areas where decisions had been made to not invest or to discontinue services. ST emphasised the importance of the executive summary and the approach to developing it based on the conversations held today, including the challenge of explaining the 4% saving to Boards. Over the next year it will be important to start discussions with HBs around patient pathway work and the differential waits between English and Welsh providers, with a focus on referral flow. She also highlighted the importance of risk-based planning and the need for follow-up conversations with providers in way of providing updates, recognising the challenges the plan has raised. Rachel Marsh (RM) gave assurance on the areas of action consistent with the WAST IMTP and mentioned the financial plan based on the 1.77% and the need for further discussions on commissioning choices, particularly around alternative patient pathways. NP noted the pressures faced by WAST and the need to work together so there was a clear line of sight on the choices that the Joint Committee needed to be part of, including the funding allocation for the 111 service which might be an area to consider. She further highlighted that appendix 7 within the plan was really helpful and included areas which she would like a greater understanding of to inform her Board. She further emphasised the importance of transparency and following the principles of the plan and that the approval process for investment was followed before any expenditure is committed. NP queried of the pay award was recurrent or non-recurrent. ST advised that Welsh Government had supported the activity increase non-recurrently and not the pay award. Next year the difference between the 1.77% and the CUF uplift in relation to the pay award will be funded by Welsh Government and highlighted the need for conversations to continue as this was a significant contributor to HB cost pressures going into 2025/26 and could therefore help the positions of all HBs. Members discussed the Syndrome Without a Name (SWAN) Business Case and noted that the Welsh Government funding was due to cease on 31 March 2025. It was agreed to fund this at risk for Quarter 1 (Q1) while a rapid evaluation exercise was undertaken to review its effectiveness. A report will be provided to Welsh

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	Government to evaluate expenditure and decide on the next steps. Members felt they required sight of the previous business case that was submitted. MW agreed she would circulate this. **ACTION**: Circulate SWAN Business Case to JC Members. CS noted the significant issue regarding Welsh Government funding and the challenge of supporting the 4% without recognition. The Chair suggested seeking urgent representation from Welsh Government regarding the recurrence of the funding issue and to provide an updated report to the CCLG meeting in April 2025 and to the Joint Committee meeting on 20 May 2025 to agree next steps. **ACTION**: ID to discuss the future of the SWAN service with Welsh Government and provide a report for CCLG in April 2025 and JC in May 2025 to agree next steps. The Joint Committee resolved to: • **Note** the report; and • **Approve** the Joint Commissioning Committee Foundational Plan 2025-2026 in readiness for submission to Welsh Government by 31 March 2025 with the following conditions: - Develop an executive summary, - Include an acknowledgment of the level of risk including provider risk that this plan is highlighting; - Establish robust accountability process to monitor the delivery of the plan; - Recognise the on-going conversations with providers around deliverability and savings targets that could impact on the plan; - Acknowledge the limited capacity to undertake the transformation programmes identified within the Plan and the collaboration required from Health Boards in delivery; and - Urgent representations with Welsh Government on the position in relation to non-recurrent funding that could impact on the plan.
JCC24/142	**3.2 Continuing Healthcare Programme Update** The Continuing Healthcare Programme update report was received. SM highlighted several key points: • Programme governance: The CHC leadership group will transition into a formal board, initially set up for Health Boards (HBs). One aspect of this was the implementation of a digital system,

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	• Value group: This group will ensure that the same price is paid for the same provider and will share costing methodology, • CHC assessors: The aim was to ensure assessments were accurate, fair, legally compliant, and up-to-date with case law • The programme was fully costed from a Welsh Government initiative to set up and oversee direct payments. The Chair emphasised the importance of overarching governance to look at quality and financial costs, suggesting that the NWJCC would be an appropriate host for this. PW inquired about potential financial risks. SM responded that the programme was not solely about CHC but those areas which the HBs had agreed on. If done correctly, it would minimise retrospective issues and discussions with Welsh Government scheduled for 19 March 2025, and the costs required to deliver the programme would be provided. NP noted the limited central resources and the importance of balancing the allocation of funds to achieve the greatest reward. CS raised concerns about adding more support work and the challenges around recruiting and suggested reprioritising colleagues already in this area of expertise. SM agreed and advised that if there were people available to support they would consider that route, however there had been difficulties in doing this on previous occasions. He added that, if focussed on, financial value could be sustained. The Chair noted that once the funding was in place, clarity on the approach in terms of delivery and the responsibilities of the NWJCC will be important, acknowledging that there was a potential risk with the departure of SM. HG questioned the feasibility and how it would be implemented if approved as the resources were not in the plan currently. NR echoed HGs comments and questioned whether there has been enough discussion and proof of concept that this would work. SM reassured members that this has been ongoing for a year, agreed upon in other areas through groups, and brought forward in May 2024. There had been questions raised by the NHS Wales Chief Executive and the Permanent Secretary to the Welsh Government regarding progress. He clarified that the aim was to put the enablers in place to allow the programme to deliver.

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	ACTION: SM to discuss the CHC with the Welsh Government Value and Sustainability Board. The Joint Commissioning Committee resolved to: • **Note** the report; and • **Approve** the establishment of a NHS Wales Continuing Healthcare Cooperation Programme if funding was secured, subject to assurance to the Chief Commissioner that there was a plan and resilience in place and funding to establish as a co-operation forum.
JCC24/143	**3.3 Non-Emergency Patient Transport Services (NEPTS) Future Vision (2030)** Thee Non-Emergency Patient Transport Services Future Vision report was received. RW advised that the document was created in collaboration with HB partners across the system setting out the broad high level commissioning direction for all patient transports for the next 5 years. The document did not request resources but provided the framework for moving forward. Once approved, the document will be translated and added to the website in a bilingual format. PK raised concerns about equity, noting that people who needed the service most may find it difficult to access and he felt that this point was not strongly conveyed in the document. RW acknowledged the shifting demand and need for Non-Emergency Patient Transport Services (NEPTS), particularly among the older population who were experiencing higher levels of need and also recognised the challenges faced in rural areas. The Joint Commissioning Committee resolved to: • **Note** the report; and • **Approve** the Non-Emergency Patient Transport Services (NEPTS) Future Vision (2030) document.
JCC24/144	**4.1 Financial Performance Report - Month 10 2024-2025** The financial performance report providing the month 10 financial position of NWJCC for the 2024-2025 financial year was received. The financial position was reported against the 2024-2025 baselines following approval of the former WHSSC Integrated Commissioning Plan (ICP) and former Emergency Ambulance Services Committee (EASC) IMTP by their respective Joint Committees of the 7 HBs in March 2024. The NWJCC financial position for 2024-2025 reported at Month 10 was a £5.5 million overspend against the ICP financial plan to date, with a forecast year-end overspend of £6.4 million at this point.

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	ST reported the NWJCC were working towards a breakeven plan, although there had been some issues. Cardiac surgery funding had been released to improve the position, and the Individual Patient Funding Request (IPFR) referral programme had been reviewed. The NWJCC had secured funding from Welsh Government for English exposure, which was currently being finalised noting the biggest overspend continued to be in TAVI, although the waiting list had reduced significantly. PW highlighted that the pressure in terms of contract activity in NHS England and achieving savings this year had been challenging. The Joint Commissioning Committee resolved to: • **Note** the month-end financial position.
JCC24/145	**4.2 Performance Report** The report providing an integrated overview of the performance of services commissioned by NWJCC was received noting that individual performance issues were discussed in the commissioning director's reports. Work was ongoing to provide an integrated performance report highlighting the need for better reporting and data flows. MW advised that the Adult Burns Service had recently been de-escalated, although Salford Obesity Service had escalated and was awaiting an executive lead from their Chief Executive to be identified. From a HBs perspective the Chair asked whether being in escalation was beneficial and if the NWJCC were doing enough, and SR questioned the effectiveness of the escalation process and suggested getting perspectives from NWJCC colleagues. It was noted that some services had been in escalation for many years. It was noted that the team in CVUHB would be updating on escalation at the upcoming QSO Sub-Committee meeting and CB could ask for their reflections at that meeting. ST queried how the NWJCC escalation process aligned with the Welsh Government escalation framework and criteria and suggested a session to discuss this in more detail. MR raised concerns about the impact of rurality on the 8-minute response time and questioned if it was significantly worse in rural areas. RW acknowledged the potential inverse effect where rural

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	areas may see improvement and suggested looking at how to optimise interventions. PK queried how the report would look as an integrated report in the future. ST confirmed she would discuss with HG to look at holding workshops as part of the new structure moving forward to see what the requirements were. She noted that the Public Health Wales (PHW) performance report was a good example and may look to adopt it. The Chair stressed that the performance report should enable the NWJCC to have its finger on the pulse on delivery and the quality of delivery in a way that facilitates a cohesive approach. He acknowledged that there was work to be done. The Joint Commissioning Committee resolved to: • **Discuss** the performance information for services commissioned by the NHS Wales Joint Commissioning Committee contained within the appendix; and • **Note** the on-going work to align indicators and metrics into an integrated performance report for the NWJCC.
JCC24/146	**5.1 Corporate Governance Report** The Corporate Governance report was received and members noted the updates. The Joint Commissioning Committee resolved to: • **Note the report.**
JCC24/147	**5.2 Highlight Reports from the Joint Sub-Committees** The highlight reports from the following Joint Sub-Committees were received: • Audit and Risk Committee (ARAC) Assurance Report • Quality, Safety and Outcomes Sub-committee (QSO) • Planning Performance and Finance Sub-committee (PPF) • Individual Patient Funding Request (IPFR) Panel • Welsh Kidney Network (WKN) The Chair reminded members of the conversations in a previous strategy session on the IPFR process and criteria and whether there was a need to change the criteria. Members agreed that the NWJCC needed to further review the IPFR policy and process prior to the May 2025 meeting when it was anticipated that the revised IPFR policy will be presented to the

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	NWJCC for endorsement prior to submission to the 7 x HBs for approval. The Joint Commissioning Committee resolved to: • **Note** the highlight reports.
JCC24/148	**5.3 Joint Commissioning Committee Risk Register – January 2025** The NWJCC risk register report was received. As at 31 January 2025 there were 14 risks in total, 12 commissioning risks and 2 corporate risks. Two risks had been de-escalated: • Risk 63 (NCCO63) – Neurosurgery Sustainability • Risk 62 (CT051) - The Trauma Audit and Research Network (TARN) delays The Joint Commissioning Committee resolved to: • **Note** the report, • **Approve** the NWJCC risk register as at 31 January 2025, • **Approve** the assignment of the NWJCC primary strategic objective against each of the high risks, • **Approve** the assignment of the NWJCC sub-committees against each of the high risks; and • **Note** the timetable for development the NWJCCs risk register.
JCC24/149	**6.1 Any Other Business** JM highlighted Declarations of Interested (DOIs) and related party disclosures would be sent out and encouraged members to complete these and cross reference with their own HB DOI forms. There were no other matters of business to discuss.
JCC24/150	**6.2 Review of Meeting** The Chair asked for members to provide any reflections on the meeting, acknowledged the reflections from different members from different HBs. Members agreed that engagement in person was more appropriate.
JCC24/151	**6.3 Date of Next Meeting** The next routine meeting was scheduled for the 20 May 2025 and the Strategy Session in April 2025 was being hosted in SBUHB.
JCC24/152	**6.4 In Committee Resolution** The Joint Commissioning Committee recommended to make the following resolution: "That representatives of the press and other

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	members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".

The meeting concluded at 13:03.

Chair's Signature: .....

Date:.....