

Our vision is to be 'The Centre of Excellence for Collaborative Commissioning' and our mission is to contribute to the improvement of health and care for the people of Wales

NWJCC FOUNDATIONAL PLAN 2025/2026

(Setting the foundation for the 2026-2029 Integrated Medium Term Plan)

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FOREWORD

As we arrive at the first anniversary of the NHS Wales Joint Commissioning Committee (NWJCC), we are delighted to present to you the 2025-2026 Foundation Plan. This Foundation Plan delivers a key milestone in the establishment of the NWJCC, bound by collaboration and a unified future of the newly formed Committee from its three predecessor bodies. This Foundational Plan provides a pre-cursor to the publication of the organisation's first Integrated Medium Term Plan (IMTP), which will encompass the period 2026-2029.

The establishment of the NWJCC offers significant opportunity for the strengthening of commissioning in NHS Wales on behalf of the NHS Wales Health Boards, and this first year plan responds with ambition and focus to that opportunity.

Our ethos is one of collaboration and transparency, and we have enjoyed the positive and maturing relationship between the Joint Committee and the Health Boards that it represents as it has developed over the NWJCC's inaugural twelve months.

Throughout the plan, you will see a strong emphasis on the strategic commissioning objectives, signed off by Joint Committee during September 2024. These objectives have guided the development of this plan, and underpin all the deliverables contained within it:

- To be an excellent and collaborative commissioner on behalf of HBs ensuring safe high quality services for the people of Wales,
- To ensure equity, consistency and excellence through our commissioning activities, ensuring services are evidence-based and outcomes focussed,
- To ensure strong evidence-based commissioning through robust prioritisation and horizon scanning,
- To ensure a focus on value, performance, risk, and efficiency, recommissioning services as required through excellent commissioning practice, and the prudent use of resource; and
- To work collaboratively to be an excellent system partner, in turn affecting successful service and system transformation.

In publishing this foundation plan, we acknowledge the growing maturity of our new organisation, and the challenging financial context within which we are balancing both ambition and prudence.

The Committee does not underestimate the challenges of NHS Wales and, to that end, we have worked extensively as a Committee with the team to develop a robust cohesive plan that responds to those challenges, prioritise risk and provide deliverable key milestones that focuses on sustainable transformational priorities whilst we embark on our strategy development.

We acknowledge that as a Committee, difficult choices are required in the context of the financial challenges and the differing positions of individual organisations. As a Committee, we respect and recognise those challenges in coming together to develop this Foundational Plan on behalf of all Wales and will continue to have discussions in year on any new and contentious issues that arise.

We are grateful to staff within the NWJCC who have worked extremely hard over the past year to deliver against the extant plans of predecessor organisations, whilst embracing an organisational change process and new ways of working as the new operating model for the NWJCC is implemented.

As we look towards the three year IMTP for 2026-2029, the team offer commitment to: the development of an NWJCC strategy, against which our IMTP will enable delivery; the publication of a Collaborative Commissioning Framework; establishing ourselves as 'The Centre of Excellence for Collaborative Commissioning'; and a range of strategic developments based on value, recommissioning and productivity that will bring traction and delivery to the NWJCCs ambitious agenda.

We present this plan therefore to you as the foundation stone, upon which we will build further in coming years, to truly become 'The Centre of Excellence for Collaborative Commissioning' that responds to population need, and to the improvement of health and care for the people of Wales.



Ian Green OBE

Chairperson NWJCC



Stacey Taylor

Chief Commissioner NWJCC

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CHAPTER ONE: INTRODUCTION

1.1 Purpose

This plan aligns with the NHS Wales Planning Framework, financial guidelines, and the NWJCC's regulations. It serves as a foundational document, paving the way for a more comprehensive IMTP for 2026-2029. The plan balances ambition with the delivery of key strategic priorities, considering the risks and available resources.

To aid navigation, the plan includes:

- **Introduction:** Overview of the plan and the NWJCC, including its role, purpose, and functions
- **Context and Requirements:** National, organisational and population context
- **Focus of foundation year:** Strategic and commissioning focus areas for the year (with specific deliverables contained within Appendix H)
- **Financial Overview:** Financial requirements supporting the plan
- **Governance:** Outline of governance arrangements
- **Implementation Planning:** Steps for implementation.

1.2 Introduction to the National Wales Joint Commissioning Committee

The NHS Wales Joint Commissioning Committee was established on the 1st of April 2024 and is a Joint Committee of the seven Welsh Health Boards acting collectively on their behalf for the purpose of jointly exercising those functions relating to the planning, securing and commissioning of:

- Specialised Services for:
 - Cancer and Blood disorders
 - Cardiac Conditions
 - Mental Health, Learning Disabilities and Vulnerable Groups

- Neurosciences, and
- Women and Children.
- Services where there is agreement between the Local Health Boards that they should be arranged on a regional or national basis
- Emergency Medical Services
- Non-Emergency Patient Transport Services
- Emergency Medical Retrieval and Transfer Services
- NHS 111 Services
- Sexual Assault referral centres, and
- Other services as directed by the Welsh Ministers.

The Joint Committee has a role to determine a long-term strategy for the commissioning of services delegated from the Health Boards in Wales to the NWJCC and produce an IMTP which describes how these services will be delivered on behalf of LHBs through clear 'commissioning intentions' which inform and compliment the LHBs IMTPs. It further acts to secure the provision of services delegated at a regional and national level, including those to be delivered by providers outside of Wales.

In **commissioning** safe, sustainable and high quality services on behalf of the welsh population, the NWJCC plays a key role in:

1. **Strategy & Planning:** Developing a long-term strategy for commissioning services and producing an Integrated Medium Term Plan (IMTP) to guide service delivery
2. **Service Provision:** Ensuring the provision of services at regional and national levels, including those provided by external providers
3. **Evaluation & Advice:** Identifying and evaluating services and treatments, and advising on their commissioning and delivery
4. **Policy Development:** Creating policies for equitable access to high-quality healthcare services across Wales
5. **Annual Commissioning:** Determining annually which services should be commissioned regionally or nationally
6. **Funding Allocation:** Deciding on funding levels for commissioned services and collaborating with Health Boards on necessary contribution
7. **Governance:** Operating within an appropriate governance framework.

The NWJCC is dedicated to delivering high-quality, person-centred, and equitable services for the population of Wales and, as such, we are currently reviewing the Commissioning Assurance Framework to standardise processes and ensure consistent quality reporting in line with the Duty of Quality under the Health & Social Care (Quality & Engagement) (Wales) Act 2023.

Patient experience and feedback are crucial, and the NWJCC will integrate these into service development. Patient Reported Outcomes (PROMS) and Patient Reported Experience Measures (PREMS) will be used to ensure quality assurance. Data development will capture key performance indicators aligned with national evidence and guidance.

The Duty of Quality domains are embedded in all NWJCC reports, and the Quality Impact Assessment tool is used throughout the commissioning process. This approach will support the Annual Quality report and promote quality improvement initiatives across Wales. It is important to note the use of the STEEEP framework guiding the plan priorities this year.

A full list of services commissioned by the NWJCC is attached as Appendix A.

The NWJCC is led by a Chief Commissioner who provides strategic direction and oversight, holding Accountable Officer (AO) status for public finances delegated by the Health Boards. The governance structure includes a Joint Committee with an independent Chair, five Lay Members, seven Health Board Chief Executives Members, and the Chief Commissioner as an Associate Member.

The NWJCC's operating model includes portfolios for Ambulance and 111, Specialist Mental Health, Learning Disabilities and Vulnerable Groups, and Specialised Services. It also has functional directorates for Medical, Nursing and Quality Assurance, Finance and Information, and Planning. Additionally, the NWJCC houses the Welsh Kidney Network (WKN) and Traumatic Stress Wales (TSW), commissions several Operational Delivery Networks (ODNs), and is the commissioner for all Advanced Therapeutic Medicinal Products (ATMPs) for Wales.

To ensure equity of access, the NWJCC has staff located across Wales to support our national commissioning interface/relationships, with plans to develop and strengthen this support through 2026-2027. The remit of each of the three commissioned portfolios delegated to the NWJCC is outlined below:

Commissioning Area	Services
Ambulance/111	<ul style="list-style-type: none"> - NHS 111 - Emergency Ambulance Services - Non-Emergency Patient Transport - Emergency Medical Retrieval Transport Service - Adult Critical Care Transport Service
Mental Health, Learning Disabilities & Vulnerable Groups	<ul style="list-style-type: none"> - High secure services for adults with a mental illness or learning disability - Medium secure services for adults and children with a mental illness or learning disability - Child & Adolescent Mental Health Services In-Patient Services - Specialised CAMHS community teams including Forensic (FACS) and Eating Disorder Outreach Service (EDOS) - Hospital services for adults and children with an eating disorder - Forensic adolescent community teams - Neuropsychiatry inpatient and day hospital services - Perinatal In-Patient MH Services (Mother & Baby) - Gender identity disorder services for adults and children - Hospital services for deaf persons with a mental illness - Traumatic Stress Wales programme - Mental Health Conveyancing - National Frameworks (Hospitals & Care Homes)
Specialised Services	<ul style="list-style-type: none"> - Cardiac portfolio - Cancer and Blood portfolio - Intestinal Failure portfolio - Neurosciences and Long Term Conditions portfolio - Women and Children portfolio - Welsh Kidney Network - Commissioning of Operational Delivery Networks for Spinal and Major Trauma

Further information on each of the commissioning portfolios can be found in Appendix B

1.3 Achievements 2024-2025

Whilst laying the foundations for the new organisation, forming and developing its structures, the NWJCC has continued to implement the legacy plans of its three predecessor organisations, all of which were confirmed as ‘satisfactory’ by Welsh Government during 2024 (see 2024/2025 quarter 3 process update at Appendix C).

This foundation plan is therefore presented as the NWJCC celebrates its first year anniversary as a new organisation, and it is timely to be able to highlight a number of key successes from this first year, (which will also feature in the NWJCCs first Annual report) including:

Theme	Achievement
Organisational	<ul style="list-style-type: none"> • Established the organisations vision, values, mission, strategic objectives and key deliverables • Developed a new governance structure • Developed a new staffing structure and delivered an Organisational Change Process
Ambulance/111	<ul style="list-style-type: none"> • Transition of NHS 111 Commissioning Arrangements to the NWJCC • Introduced a new risk management framework for all ambulance and 111 commissioned services • Delivery of evolved clinical response model for emergency ambulance services • Review of emergency ambulance performance targets • Development of a Future Vision for Non-Emergency Patient Transport Services in Wales • Secured funding for additional all Wales discharge and transfer capacity to support system flow • Development of a business case for the expansion of Adult Critical Care Transfer Service
Mental Health, Learning Disabilities & Vulnerable Groups	<ul style="list-style-type: none"> • Funded 111 press 2 • Developed an ‘alternatives to admission programme for Children and Young People’ with early indications suggesting it has reduced Children and Young Peoples attendance at Emergency Departments for mental health need. • Contributed to the Continuing Health Care work on Mental Health high-cost care reviews.
Specialist Services	<ul style="list-style-type: none"> • Successfully delivered phase 1 of the NWJCC Cardiac Review and have further work planned to ensure that the cardiac surgery and interventional cardiology services commissioned by the NWJCC are optimally configured and reflective of both current demand and future trends

	<ul style="list-style-type: none"> • Secured funding to enable an uplift in the capacity of the Welsh Institute for Metabolic and Obesity Surgery (WIMOS) to deliver obesity surgery procedures for patients from North Wales and North Powys who would otherwise experience long waits at Salford Royal • Taken cardiac surgery services in Swansea Bay University Health Board out of escalation and worked with Cardiff & Vale University Health Board to reduce the health board's cardiac surgery service significantly • Continued to support the development of the South Wales Trauma Network, including a successful Welsh Government Gateway 5 Review • Continued to take forward the recommendations of the haematology review • Taken forward a number of developments in Specialised radiotherapy for example, we have designated Velindre as a south Wales provider of peptide receptor radionuclide therapy (PRRT) for neuroendocrine tumours • Developed service specifications for stereotactic ablative body radiotherapy (SABR) and for Magnetic Resonance Topography (MRT), and expanded our indications for PET scanning • Worked with providers to enhance mechanical thrombectomy capacity within South Wales • De-escalated Paediatric Surgery at the Children's Hospital for Wales • Released funding for Paediatric Persistent Pain, Paediatric Infectious Diseases and Paediatric Orthopaedic Surgery, with service specifications in development.
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1.4 Development of a Year One Foundation Plan

Excellent progress has been made during our transition year in all aspects of the NWJCCs areas of responsibility as a team and as a Committee. This plan takes the learning from year one and reflects the continued requirement for growth and development. A strong organisational development programme will be developed throughout 2025/26 to support the new team establishing itself fully as it enters the final stages of organisational change.

The Committee recognises that to enable the NWJCC to develop deliverable IMTP, which is both strong and credible, the development of a single NWJCC strategy that sets clear ambition and strategic direction is pivotal along with a clear focus on a future operating model, within the resources available, for the patients of Wales. Though the Committee recognises the requirement for a longer term focus, the differing positions of NHS Wales Health Boards creates challenges. Given, therefore, the current limitations, the team have agreed with the Committee to negotiate a position with Welsh Government for the submission of a foundation plan, which recognises the NWJCC's maturity as a new organisation, a

changing governance and engagement structure through the process of the plan, the absence of a strategy for the NWJCC and the financial context across NHS Wales. This was communicated through an Accountable Officer (AO) letter submitted to the Director General NHS Wales in February 2025. Notwithstanding this position, there is clear ambition and commitment to consolidate within this year and move towards the development of a full IMTP from 2026-2029.

Through early discussion with NWJCC members, a clear steer has been given from the NHS Wales Chief Executives that the plan should be a risk-based plan seeking to respond only to the highest risks in the areas of delegated responsibility, and areas of significant under performance against ministerial targets and performance requirements. This year of consolidation will also enable the NWJCC to engage with the NHS Wales Executive led work on fragile services and the development of a National Plan for NHS Wales.

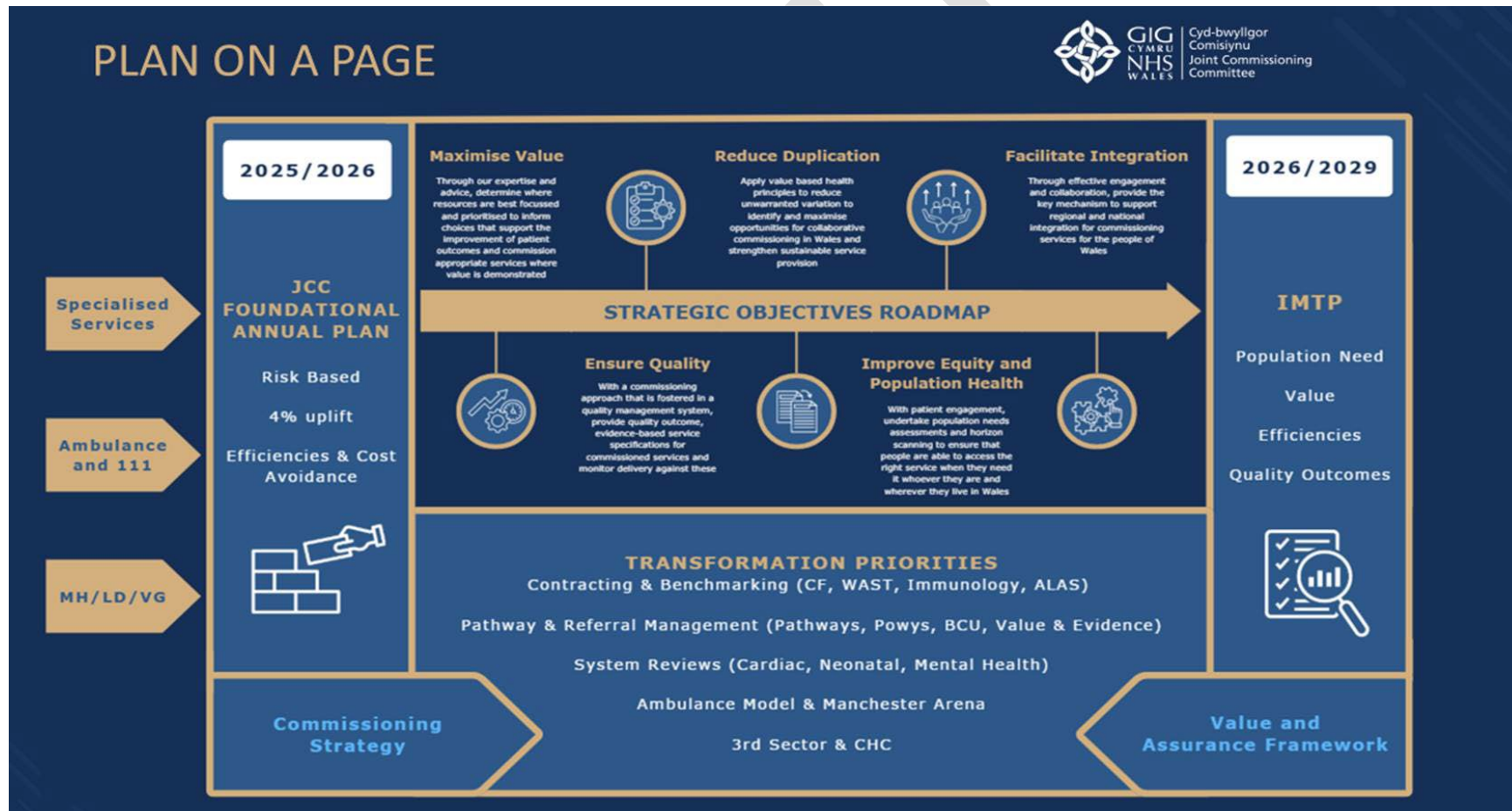
The following strategic commissioning objectives were signed off by the NWJCC during September 2024 and have guided the development of this plan:

- To be an excellent and collaborative commissioner on behalf of Health Boards ensuring safe high-quality services for the people of Wales
- To ensure equity, consistency and excellence through our commissioning activities, ensuring services are evidence-based and outcomes focussed
- To ensure strong evidence-based commissioning through robust prioritisation and horizon scanning
- To ensure a focus on value, performance, risk, and efficiency, recommissioning services as required through excellent commissioning practice, and the prudent use of resource
- To work collaboratively to be an excellent system partner, in turn affecting successful service and system transformation.

The plan also reflects NWJCC's goal to become a system leader within NHS Wales, aiming to be 'The Centre of Excellence for Collaborative Commissioning'. This involves focusing on collaboration, system optimisation, and evidence-based decision-making, all aligned with Value-Based healthcare and the Duty of Quality and Candour. Achieving this will require a strategic, collaborative approach to ensure high-quality, patient-centred care, and will be a key part of the upcoming NWJCC strategy.

Discussions enabled through both previous and establishing governance structures, with representation from across HBs and provider, have resulted in the focus of this foundation plan being, a plan based on the highest risks across the system, based on a 4% inflation requirement to address those risks, and whilst recognising a broad range of activity across all commissioning portfolios (as outlined in subsequent chapters), this plan represents a focus on a few areas of strategic priority which are depicted here and outlined in more detail in Chapter 6.

PLAN ON A PAGE



CHAPTER 2: THE CONTEXT WITHIN WHICH THE PLAN HAS BEEN DEVELOPED

2.1 National Context

The Welsh Government NHS Planning Framework 2025-2028 issued by the Cabinet Secretary for Health and Social Care provides specific guidance for NHS bodies, including the NWJCC, in the development of IMTPs. It identifies Ministerial priorities, provides additional guidance from national programmes, and establishes the new policy requirements that NHS Wales is charged with delivering. Year one of the Ministerial priorities are outlined below. The year one requirements of the ministerial priorities as they relate to the work of the NWJCC have been factored in to this plan.

The Planning Framework is helpfully supported by a technical guidance document which outlines all of the legislative and policy requirements which NHS organisations plans need to be cognisant of and reflect within their plans. These include (but are not limited to) the refresh of a Healthier Wales; Health and Social Care (Quality and Engagement) (Wales) Act (2020); the National Clinical Framework for Wales (2021); and the Quality and Safety Framework (2021), including the Duty of Quality and Candour, which collectively set out an aspiration for quality-led health and care services, underpinned by prudent healthcare principles, value-based healthcare and the quadruple aim. These are further accompanied by a number of core principles emerging from the Welsh Government's 'Prosperity for All: economic action plan' that are evident throughout the NWJCC foundation plan, including a strong commitment to carbon zero, employment and sustainability, the foundational economy, equity and the socio-economic duty and the well-being of future generations. In addition, the NWJCC plays an active and contributory role within the NHS Wales Six Goals programme, the emerging fragile services review and increasingly so with the networks within the NHS Wales Executive.

Of particular note is the requirement for NHS organisations to have consolidated an approval position on agreement of Long Term Agreements (LTAs) in advance of plans being approved should the NWJCC approve the 2025/26 Foundational Plan on the 18th March 2025.

Although the NWJCC commissions specialised services for Women and Children, there is a recognition that the ambition of the recently launched first Women's Health Plan for Wales to close the gender health gap by providing better health services for women will need to be reflected across the breadth of the NWJCC's commissioning activities. This plan recognises that all three of the NWJCC's Commissioning Directorates will play a crucial role in realising the plan's ambition and seeks to establish the means by which it will be supported.

The impact of the NWJCC’s foundation plan will need to be considered by means of Equality Impact Assessments (EQIA), in line with the requirements of the Equality Act. In view of the plan’s focus on transformation during a foundation year, individual EQIAs will be undertaken as for each of the specific transformation programmes.

Finally, in view of its aim of becoming ‘The Centre of Excellence for Collaborative Commissioning’, the NWJCC aims to identify and implement best practices. It collaborates with partners and stakeholders to enhance commissioning and quality across NHS Wales, undertaking Quality Impact Assessments where apposite. The Welsh Government expects health and social care organisations to work together on regional solutions and the NWJCC is will look to support Health Boards and Welsh Government and drive these regional approaches, leveraging its commissioning expertise.

2.2 Organisational Context

The NWJCC was established on 1 April 2024 under new Directions with a governance framework set out through its Standing Orders, Standing Financial Instructions and specific requirements for the development and delivery of an IMTP that complements the LHBs IMTPs.

SO/SFI ref.	Requirement for the NWJCC
SO s2.20	[The NWJCC’s role is to] produce an Integrated Medium Term Plan which describes how these services [delegated to the NWJCC] will be delivered on behalf of the Local Health Boards through clear ‘commissioning intentions’ which informs and complements the LHBs Integrated Medium-Term Plans
SFI 4.3.2	The IMTP will reflect the Ministerial priorities as laid out in the Planning Framework, describe the strategic context including <i>population health needs</i> , demonstrate how the NWJCC is delivering its <i>well-being objectives</i> , including the WBFGA 5 ways of working and how it is contributing to the 7 Wellbeing Goals, and establishing <i>preventative approaches across all care and services</i> .
SFI 4.3.4	Integrated Medium-Term Plans should be based on a reasonable expectation of future <i>service changes, performance improvements, workforce changes, demographic changes, capital, quality, funding, income, expenditure, cost pressures and savings plans</i> to ensure that the IMTP is balanced and sustainable and supports the safe and sustainable delivery of patient-centred quality services.
SFI 4.3.5	The IMTP will be the overarching planning document enveloping component plans and service delivery plans. The IMTP will incorporate the balanced Medium-Term Financial Plan and will incorporate the NWJCC’s response to delivering the: <ul style="list-style-type: none"> • NHS Planning Framework • Quality, Governance and Risk Frameworks
SFI 4.3.6	a) The IMTP will be developed in line with the Integrated Planning Framework and include: <ul style="list-style-type: none"> • A statement of significant strategies and assumptions on which the plans are based

	<ul style="list-style-type: none"> • Details of: major changes in activity, commissioned service delivery, service and performance improvements; the workforce, revenue and capital resources required to achieve the plans
SFI 4.3.6	<ul style="list-style-type: none"> • Profiled activity, service, quality, workforce and financial schedules • Detailed plans to deliver: the NHS Planning Framework; quality, governance and risk requirements; and outcome measures
SFI 4.3.7	<p>The NWJCC will, in respect of those functions delegated to it by LHBs:</p> <ul style="list-style-type: none"> • Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services • Develop national policies for the equitable access to safe and sustainable, high quality services across Wales, whether planned, funded and secured at national, regional or local level.

2024-2025 has been a year of transition for the NWJCC, setting the foundations for operating effectively in a new governance framework. Establishing the Committee by recruiting a new Chair and five new Lay Members, supported by a new Senior Leadership Team (SLT) was a key priority for the first quarter. The SLT and wider NWJCC Team have since been working collaboratively with member Health Boards and providers and identifying and adopting new ways of working to support value and efficiency in commissioning for NHS Wales whilst adapting to a new operating model for the NWJCC.

Significant progress has been made in the twelve months since the establishment of the NWJCC on the transition to establish a new 'routine business' for the new JCC. This has been managed and progressed whilst ensuring a focus is maintained on business continuity for the services provided by the NWJCC team. The transition to routine business continues beyond 2024/2025, with a focus on the development of a longer term strategy, informing an IMTP for subsequent years.

Amongst the key achievements during the 2024/25 year of transition, was the full implementation of the new the governance model, including the joint sub-committee arrangements which were agreed by the seven Health Boards in September 2024. The more recent appointment of two additional new Independent Lay members of the Joint Committee has brought the Committee membership to full establishment, enabling the Chair to consider lay member representation and chairmanship for the sub-committees which are now fully established and meet quarterly.

The approval in September 2024 of the Vision & Strategic Objectives and organisational Values and Behaviours has contributed positively to the on-going development of strong engagement with staff and partners on the work of the NWJCC.

Figure 2 - Strategic Objectives Roadmap



Our **vision** is to be 'The Centre of Excellence for Collaborative Commissioning', and our **mission** is to contribute to the improvement of health and care for the people of Wales. Aligned to this purpose, our values (designed through consultation across the newly established organisation) are:

Figure 3 - NWJCC Organisational Values



During the third quarter of the year, a priority for the NWJCC was the design and consultation on a new organisational structure for the NWJCC Team sitting below the SLT. Proactive engagement from all staff in the NWJCC led to a high response rate to the OCP consultation and the final structure, taking into account many suggestions from the consultation responses, was received by the Joint Committee in February and began implementation in March. It is envisaged the new structure, with any resultant vacancies being recruited to, will be fully implemented by the end of summer 2025/2026. It is hoped that a long period of uncertainty for staff will have concluded and the new structure will be implemented and built on a robust organisational development programme to support the realisation of our vision as 'The Centre of Excellence for Collaborative Commissioning'.

2.2.1 Staff & Stakeholder Engagement on the plan

Extensive engagement has been undertaken throughout the development of this plan, ensuring collaboration and influence from across Health Boards and with staff across the NWJCC, as such the development of this plan has offered early opportunity for staff to work together across the newly formed organisation. Joint Committee members have led discussions on the plan since their inception and will continue to do so as this

plan is implemented and the three year IMTP developed. A number of professional peer groups have also been engaged with (Eg DOFs & DOPs) as well as meetings with the NHS Executive, HEIW and Welsh Government.

Engagement with Health Boards is a key priority for the NWJCC and the establishment of a new Collaborative Commissioning Leadership Group (CCLG) in January 2025, chaired by the Chief Commissioner, has been a key enabler in this. A review of the risk management approach and process in the NWJCC has led to a greater focus on relevant risks, a common approach across directorates and a consistent approach to assessing risk scores. The risk-based approach to the development of the Foundation Plan for 2025/2026 was undertaken in partnership with Health Boards. The key touchpoints are outlined below:



2.3 The Population We Serve

Although Wales is divided into seven Health Boards, each is responsible only for healthcare services in their respective regions unless commissioned to provide a regional or national service. As a commissioner of services for the whole of Wales, the NWJCC represents a population of some 3.2 million (mid-2023) [Source: Stats Wales - Population Estimates by Local Health Boards and Year], which are distributed unevenly across Health Boards and regions: Wales comprises twenty-two local authority areas, each with unique demographic characteristics. As of mid-2023, the population estimates for selected local authorities indicate that although the Welsh population is aging, the average age

varies significantly by region: the average age in Pembrokeshire is fifty; the average age in Flintshire is twenty-two [Source: InfoBase Cymru - Local Authority Population Estimates by Age].

There are of course many determinants of health, including individual lifestyle factors (genetics, behaviours), and broader socio-economic factors such as housing, work, environment to name just a few. There are considerable variations in healthy behaviours and health outcomes across Wales and, based on evidence from Public Health Wales, such inequalities have not been improving in recent years. Moreover, areas with higher deprivation often experience lower life expectancy and higher rates of chronic illnesses, lower educational outcomes correlate with higher deprivation levels, and unemployment rates are typically higher in more deprived areas. Throughout this foundation year, the NWJCC will be strengthening its approach to population health and associated practices, and will seek to build a strong needs base to underpin the services it commissions. This has been identified as one of the major areas of focus within the foundation plan (outlined in Chapter four).

2.4 Current Performance Position

In this foundation year, the NWJCC will undertake work to finesse its overarching performance oversight and assurance framework and ensure a consistent organisational approach across the diversity of its commissioning portfolio ensuring the careful commissioning and management of the Ministerial Priorities. Learning will be taken from the organisation inaugural year to embed a new framework led by Directors of Commissioning using the Data-Information-Knowledge-Wisdom hierarchy. The foundational plan will see the NWJCC organise a structured programme of work to deliver the meaningful insight that NWJCC members need for scrutiny, reassurance, assurance and decision making for their commissioning responsibilities.

Data

- **Quality and Validation** – We will conduct a baseline assessment of data quality across the portfolio and ensure validity of the data available.
- **Alignment** – We will align data reporting periods, aiming to bring the most up to date data, as close to decision points as possible.

Information

- **Reporting** – We will develop our performance reporting ensuring it presents organised, structured and meaningful information to the right level of depth for its purpose.

Knowledge

- **Narrative** – We will build our performance narrative, drawing on the expertise of Commissioning Teams to enhance understanding of the implications of our data and information, supporting JCC members to address the questions of what, why, and so what.

Wisdom

- **Integration** – We will develop our approach to qualitative and quantitative data integration across quality, performance and finance, supporting the triangulation of information to support JCC members with actionable wisdom for their decision-making.

In order to offer a position with regards current performance, the NWJCC Month nine performance report is available here [\(insert hyper link\)](#).

The triangulation of this Foundational Plan requests additional resource to deliver demand at broadly the same as 2024/25 activity levels. This will require a laser-focus on pathways to enable the delivery of the performance targets embedding the principles of Prudent Healthcare as a core foundational structure to the commissioning of services. A number of key system targets will require the NWJCC to look beyond its commissioned services and work with Health Boards to understand the whole system pathway and impact particularly in the delivery of tertiary and secondary prevention and in urgent and emergency care.

CHAPTER 3: NWJCC FOUNDATION PLAN

3.1 Development of a Foundation Plan

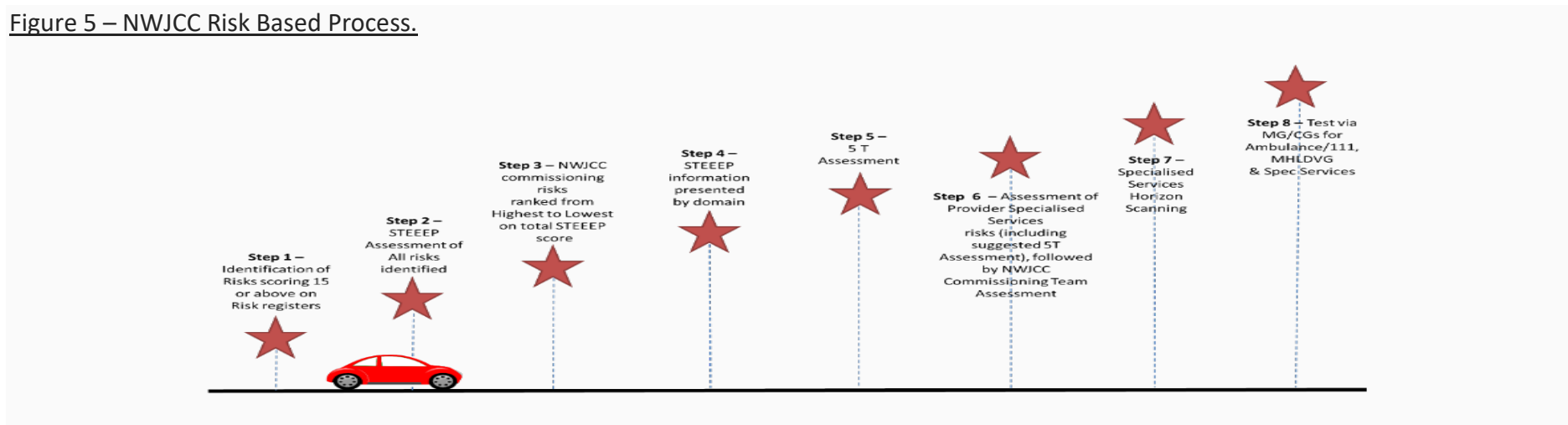
The foundation plan outlined below seeks to balance ambition and risk to become 'The Centre of Excellence for Collaborative Commissioning'. It has been agreed upon through collaboration with Health Boards via the new Commissioning Collaborative Leadership Group and the newly established Commissioning Groups for Ambulance/111, Mental Health, Learning Disabilities and Vulnerable Groups, and Specialised Services. Joint ownership and leadership will be ensured across the NWJCC and Health Boards through a shared development and delivery programme.

3.2 Ensuring a Risk Based Approach

The Chief Executive members of the Joint Committee requested that the NWJCC develop a risk-based plan, focusing on mitigating service and provider risks across the organisation and the three Commissioning Directorates.

Throughout the year, various risk-based processes were implemented, resulting in the priorities within each commissioned area. Details of these processes are in Appendix E and depicted below.

Figure 5 – NWJCC Risk Based Process.



Given the emphasis of the NWJCC on ensuring quality is a golden thread through all of our commissioning activity, it is important to note the use of the STEEEP (Safe, Timely, Effective, Efficient, Equitable and Person Centred) domains contained within the Duty of Quality and Candour as a framework through which to consider the risks across the Specialised services portfolio. All commissioning directorates, and commissioning groups were also asked to consider whether the identified risks should be managed via one of the 5T risk assessments as follows:

Risk Management Method	Description
Tolerate	Sometimes it's okay to do nothing. The likelihood and impact of the risk is low. You may decide to simply retain the risk because it is acceptable without further actions. Log and monitor the risk because retaining a risk should always be an informed decision
Treat	Contain the risk to an acceptable level, e.g. with internal controls. You may act to reduce the likelihood of the risk occurring, or the severity of the consequences if it does
Terminate	Sometimes a risk is so far outside your risk appetite. Or is assessed as having such a severe impact on your organisation that you have to stop (i.e. terminate) the activity causing it
Transfer	Sometimes while it's possible to transfer the activity to a third party, you still retain the liability if things go wrong (e.g. through insurance)
Transform	Redesigning existing processes or creating new ones to align with goals or strategies. This can involve helping people adopt new systems, streamlining workflows, eliminating inefficiencies, and other changes to the way people do their daily work

These processes resulted in a range of considerations which have led to the priorities contained within this foundation plan, and set out explicitly within each of the commissioning areas priorities contained within Chapter four.

Additionally, the established horizon scanning process for new drugs and technologies was conducted and considered in the choices presented to NWJCC members through the three financial modelling scenarios outlined in the finance chapter.

3.3 Components of the Foundation Plan

The NWJCC's 2025-2026 foundation plan aims to position the NWJCC as a leader in collaborative commissioning and improve health outcomes for the Welsh population. The programmes identified within the plan;

- Align with the NWJCC's focus and ambition to be 'The Centre for Excellence for Collaborative Commissioning' within NHS Wales

- Address critical or urgent risks that require proactive action
- Can be delivered within 2025-2026, following SMART criteria
- Enhance value, productivity, and collaboration; align with and support quality systems and arrangements across the organisation, whilst supporting inter-organisation learning and development

The JCC supported a focus on eight strategic programmes at their strategy session in February 2025 for inclusion in the foundation plan, which comprise:

1. **Strategy Development:** The NWJCC will develop a strategy during this foundation plan period to set the strategic direction for the organisation and its commissioned services, preparing for the 2026-2029 Integrated Medium Term Plan.
2. **‘The Centre of Excellence for Collaborative Commissioning’:** The NWJCC aims to become the Centre of Excellence within NHS Wales, focusing on collaborative commissioning. Early stakeholder and staff engagement will help develop the vision and approach, Similar to the planning maturity matrix in place across NHS Wales, the NWJCC will develop a commissioning maturity matrix that will set out the route map to becoming a Centre of Collaborative Commissioning.
3. **Population Health Perspective:** The NWJCC will strengthen its population health practices, using empirical evidence and robust data analysis. This includes appointing an Assistant Medical Director for Public Health and collaborating with Public Health Wales to embed a population health approach to the commissioning practices of the NWJCC. Moreover, in considering the health needs of the citizens of Wales the NWJCC needs to look beyond specific conditions and consider the social, economic environmental, and cultural well-being of the Welsh population, as well as how a focus on prevention can help the people of Wales lead more healthy and prosperous lives.
4. **Contracting and Benchmarking:** Services commissioned by the NWJCC will be compared to those elsewhere in Wales and the UK to ensure cost parity, access equity, and performance equality. Services under review within this year include the Welsh Ambulance Service Trust, Cystic Fibrosis, Immunology, and the Artificial Limb and Appliance Service as core drivers of cost pressures and/or system productivity. Where compelled by evidence, the NHS Wales Joint Commissioning Committee will re-contract for these services in order to optimise their delivery.
5. **Pathway and Referral Management:** The NWJCC with Health Boards will transform its approach to patient pathways and referral management, focusing on value and quality again, as a core driver of system cost pressures. Collaborative working with stakeholders and service providers will be essential, and there will be an initial focus on flows from Betsi Cadwaladr University Health Board and Powys Teaching Health Board as well as on the Individual Patient Funding Request process.

6. **Strategic Service Reviews:** Reviews of Cardiac, Neonatal, Mental Health, and the Ambulance Model services will identify potential improvements in service provision, configuration, standards, scale, procurement, or provider. The NWJCC will work with providers across NHS Wales and NHS England to implement recommended changes.
7. **Manchester Arena Inquiry:** Following the Manchester Arena Inquiry recommendations, the Welsh Ambulance Services Trust has submitted a business case to the NWJCC for responding to major emergency incidents. The NWJCC will review appropriately, key elements and make recommendations for future commissioning.
8. **Continuing Health Care and Third Sector Commissioning:** The NWJCC has been requested to take on commissioning for Continuing Health Care, which will be scoped within this plan period, subject to adequate resources and staff.

In addition to these areas of strategic focus, our foundation plan also signals commissioning intentions for each of our three commissioning directorates as follows (further detail on each of these is contained within the Goals, Methods and Outcomes provided at Appendix H)

3.4 Ambulance/111 Commissioning priorities 2025/2026

The ambulance/111 component of the plan aims to improve patient outcomes by increasing the productivity of commissioned services, through a focus on collaboration, system optimisation, and evidence-based decision-making aligned with Value-Based healthcare and the Duty of Quality and Candour. The priorities outlined below include minimising clinical risks, improving patient safety, and reducing harm through efficient service delivery.

NHS/111	Right size service capacity to respond to demand
NHS/111	Maximise productivity of commissioned capacity
NHS/111	Undertake a strategic demand and capacity review aligned to the principles of the NHS Wales Annual Quality Statement
NHS/111	Develop online infrastructure
EAS	Enhance the productivity of emergency ambulance services
EAS	Optimise ambulance services capacity to deliver revised ambulance performance measures
EAS	The development and implementation of the evolved clinical response model
EAS	Consider the recommendations of the Manchester Arena Inquiry aligned to services commissioned by the NWJCC
NEPTS	Delivery of the priorities outlined by the Health and social Care Committee and NEPTS Future Vision
NEPTS	Optimise resource capacity to Increase the availability of resources to respond to planned care and patient discharge requests

NEPTS	Increase NEPTS resource capacity to meet to the patient and system demand for NEPT services (planned care, enhanced care and discharge and transfer)
EMRTS	Revision of commissioning framework
ACCTS	Development of the ACCT service to meet current and future health board requirements
ACCTS	Development of a strategic plan aligned to the ACCT service evaluation, to deliver infrastructure and capacity improvements

3.5 Mental Health, Learning Disabilities and Vulnerable Groups Commissioning Priorities 2025/2026

Aligned with the NWJCCs strategic objectives, the Mental Health, Learning Disabilities and Vulnerable Groups directorate seeks to place the patient at the heart of its commissioning activities and focus on continuous improvement, robust governance, and strong collaboration with provider organisations. Its priorities for 2025/2026 are:

MHVGLD	Move away from block contracts to ensure no 'double costs'
MHVGLD	Improve repatriation programmes to improve occupancy in NHS Wales commissioned services
MHVGLD	Develop a system to ensure continuous demand review based on population need for all portfolio areas
MHVGLD	Collect appropriate performance and activity data to inform current and future commissioning
MHVGLD	Ensure all areas of portfolio have appropriate policy and service specifications
MHVGLD	The repatriation of case management into the NWJCC
MHVGLD	Review specific services to understand system benefit and added value of being nationally commissioned such as Neuropsychiatry, Eating Disorder Outreach Service, Forensic Adolescent Consultation Services and community forensic outreach
MHVGLD	Review admission criteria in all commissioned services to ensure inclusion for those with a learning disability or neuro-divergence

3.6 Specialised Services Commissioning Priorities 2025/2026

The NWJCC Specialised services portfolio commissions over 120 services across 50+ providers in NHS Wales and NHS England. Through doing so, it aims to ensure safe, high-quality services, plan for long-term sustainability and accessibility, providing expert healthcare commissioning that maximises value and outcomes within available resources. Its commissioning priorities in year are as follows:

C&B	Plastic Surgery: Realign commissioning responsibility to ensure specialist skills are used prudently, improve patient outcomes, and maximise pathway development and innovation.
C&B	Thoracic Services: Establish a single thoracic surgery centre at Morriston Hospital to provide equitable access and obtain best value from resources.
C&B	AMTPs for Cancer and Blood Disorders: Commission new treatments and develop policies to ensure equitable access and maximise survival and quality of life.
C&B	PET Indications: Commission new PET indications to improve patient outcomes and obtain best value from resources.
Cardiac	Cardiac Device Services: Review and optimise commissioning across Welsh Health Boards to ensure equity of access and care closer to home.
Cardiac	Cardiac Surgery and TAVI: Identify optimal commissioning and delivery models to improve outcomes and efficiency.
Cardiac	Cystic Fibrosis Services: Commission services that reflect the impact of CFTR modulators, ensuring they meet current and future clinical needs.
Neuro	Specialist Auditory Implant Device Service: Designate a provider to ensure equity and value for money, complying with relevant quality standards.
Neuro	Functional Neurosurgical Service: Designate a provider and review DBS service to improve patient flow, access to treatment, and staff skills.
Neuro	Mechanical Thrombectomy Service: Implement the service to ensure equity, compliance with stroke guidelines, and improved patient outcomes
W&C	Neonatal Services: Undertake strategic planning to ensure optimal outcomes and efficient service delivery.
W&C	Neonatal Transport Service (CHANTS): Commission a sustainable 24-hour service for safe baby transport.
W&C	Paediatric Ophthalmology Services: Ensure equitable access for the population of Wales.
W&C	Women's Health Plan: Assess its impact on commissioned services to ensure appropriate implementation.

WKN	Haemodialysis: Meet growth demand and ensure equitable service provision across Wales.
WKN	Home Dialysis: Develop a commissioning strategy and framework to ensure equitable access, value for money, and alignment with patient needs.
WKN	Transplantation: Refresh policies and collaborate to deliver the Organ Donation and Transplantation plan, ensuring best practice and equity.
WKN	Renal Digital Strategy: Strengthen the national approach to IT, standardise reporting, and develop digital intelligence solutions for kidney services.
WKN	Value in Healthcare Programme: Increase home dialysis uptake, improve patient pathways, and support pre-emptive transplants

In summary, the plan is balanced between ambition and delivery against a number of key strategic programmes, routine commissioning activity, and an acceptance that there will be a level of risk accepted across the system as a result of supporting the 4% risk mitigation plan. Specifically, that:

- There will be an increased and unprecedented emphasis on recommissioning and savings schemes across NHS Wales organisations
- There is no contingency for in year demand, cost pressures or emerging risks
- Services with sustainability or financial risks are not prioritised
- New drugs or technologies identified through horizon scanning are not prioritised
- No new services can be transferred to the NWJCC
- Funding pressures from within NHS England need further focus
- Acceptance of risk related to high cost drugs
- Some services considered at risk of fragility or required development will not receive additional funding as part of this plan and instead will require innovation and choices to mitigate
- A significant proportion of funding scheduled to be released in Q4 of 2024/2025 has been stopped – impacting implementation of the 2024/2025 plans
- Potential for increasing inequity between services in NHS England and NHS Wales, notwithstanding the NWJCC’s efforts to support and standardise and quality systems and reporting mechanisms.

Further detail on each of the commissioned areas can be located in Appendix B.

CHAPTER 4: Resourcing the Plan

4.1 Overview, Principles, and Assumptions

Funding to support the plan is set against a backdrop of significant financial challenges within the NHS in Wales. The Welsh Government Allocation letter sets out a number of expectations, which have been incorporated alongside the following principles and assumptions that underpin the plan:

- A 1.77% inflation uplift, amounting to approximately £20.4m, will be passed through from Commissioners and subsequently from NWJCC to NHS Wales's providers.
- A minimum savings delivery target of 2%.
- The English Cost Uplift Factor (CUF) price difference (above the 1.77% inflationary uplift) will be funded by the Welsh Government.
- A risk-based approach has been adopted in identifying service development priorities.

Given the nature of the funding arrangements supporting the NWJCC, any residual financial cost or benefit against the agreed financial plan is shared across commissioners based on risk shares. This approach ensures that the NWJCC achieves a balanced financial position.

These principles highlight the complexity of financial planning within the NWJCC. With rising cost pressures and the imperative to improve service quality and access, the ability to strategically allocate resources while mitigating risks becomes essential. The adoption of a structured approach enables transparency in funding allocations and ensures financial sustainability across all commissioning areas.

4.2 Current Position and Cost Pressures

The NWJCC is forecasting a deficit of **£6.9m** for 2024/2025 as of Month eleven reporting. This increased from the base Month eight position of **£5.7m** used for the Plan, the majority of which is due to additional activity in Cardiology and ALAS, which was provided for in other Plan lines already.

In addition to the national uplift for inflation of **1.77%**, **£20.4m** cost pressures for 2025/26 include:-

- **Full year effects of 2024/25 costs / JCC Approved strategic developments**

This includes adjustments for 2024/25 performance of **£5.7m**, and strategic developments that have prior approval during 2024/25 of **£5.1m** including Thrombectomy, Renal Services and PET scanning, together with the full year impact of part year costs incurred in 2024/25 of circa **£0.9m**.

- **Growth in English Provider Activity 2024/25**

Funding of **£8.9m** had been allocated by WG to cover the additional growth in NHS England provider activity in 2024/25; however, as this funding is non-recurring, it presents a significant financial risk in future years. The increased dependency on English providers further underscores the need for strategic long-term planning and potential risk mitigation strategies, such as negotiating multi-year funding settlements and demand / waiting list management.

- **High-Cost Drugs**

Each year, new high-cost/NICE-approved drugs contribute additional financial pressures. For 2025/26, the maximum estimate is around £13m; however, typical approval processes suggest that the actual costs will be lower with estimates put between **£3.25m- £6.5m**. The increasing cost burden of high-cost drugs presents a challenge that requires a coordinated commissioning response, balancing affordability with clinical effectiveness and patient outcomes.

- **Non-Recurring Savings**

The 2024/25 plan includes **£7.5m** in non-recurring savings, which will create a cost pressure in 2025/26.

- **Savings 2025/26**

The 2025/26 plan includes **£2.5m** as a general Savings target, plus **£8.9m** in relation to funding/Referral Management schemes for NHS England costs.

- **Service risks**

In addition risk based assessment a number of emerging service developments have been identified with a value of **£7.6m**. Only one scheme for **£0.3m** has been funded in the Option two plan being presented.

If all the prioritised service risks identified were prioritised for the financial plan, the requirement of additional funding is in the region of **£69.5m, or 6%**. Of this **£20.4m** would be attributed to the National funding uplift of 1.77%, with the remaining **£49m** to be identified from additional funding from Commissioners and cost reductions derived from savings and efficiencies.

4.3 Financial Options

In preparing this plan, the JCC requested three financial options to be considered:

1. **Minimum 1.77% Uplift:** A direct pass-through to providers (£20.5m).
2. **Mid-Range 4% Uplift:** Includes the 1.77% pass-through and partially funds current levels of expenditure while carrying a degree of risk for expected growth and new high-cost drugs (£46.2m).
3. **Full funding 6% Uplift:** In addition to Option two, this provides funding for the existing service growth seen in 2024/25 and a small number of developments identified as high-risk (£69.5m).

It should be noted that these options do not provide for additional growth in activity for demand from 2024/25 levels. The service consequences of each option are detailed in Appendix F refer to tables in main document.

Following engagement with Health Boards and JCC members, a hybrid between Options two and three has been presented as the basis for this plan, with a maximum £46.2m including the pass-through of inflation as per the allocation letter. Thus, equating to a 4% average increase to commissioners with a commitment that a programme of actions will be implemented to mitigate existing financial risk, as detailed below. This does not include any development in services.

This reflects a compromise, balancing financial constraints with service delivery needs. While it does not fully address all cost pressures, it provides a manageable level of additional funding with a clear focus on efficiency and risk mitigation. This approach aligns with broader NHS Wales's financial planning principles, which emphasise sustainability, affordability, and equitable resource allocation.

Financial Plan 2025/26

NWJCC IMTP Indicative Requirement 2025/26 - Option 2 using 4%

	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	2025-26 Total Requirement
	£m	£m	£m	£m	£m	£m	£m	£m
2025-26 Opening Income (M8 + adjs)	212.0	257.8	182.7	160.1	138.3	57.5	142.3	1,150.7
M8 24-25 Outturn Forecast	0.9	1.2	0.6	0.9	0.9	0.3	0.9	5.7
General inflator (1.77%)	3.8	4.6	3.2	2.8	2.4	1.0	2.5	20.4
Adjustments for Performance 24/25 (excl NHSE)	1.5	- 0.0	1.5	0.6	0.9	0.1	1.2	5.7
NHSE pressures 2024-25	0.3	6.9	0.3	0.2	0.2	0.6	0.3	8.9
Full Year Effect of Prior Commitments	0.2	0.1	0.3	0.1	0.1	0.0	0.1	0.9
JCC Approved Strategic Priorities	1.1	0.6	1.1	0.8	0.7	0.2	0.7	5.1
High Cost Drugs (25%)	0.6	0.7	0.5	0.5	0.4	0.1	0.4	3.3
Non recurrent Savings Schemes 2024-25	1.1	2.8	0.9	0.8	0.7	0.4	0.7	7.5
JCC Efficiencies 2%	(0.5)	(0.6)	(0.4)	(0.4)	(0.3)	(0.1)	(0.3)	(2.5)
Savings / Referral Management to support NHSE pressures	(0.3)	(6.9)	(0.3)	(0.2)	(0.2)	(0.6)	(0.3)	(8.9)
2025/26 IMTP Recurring funding requirement before Savings and Investment Decisions	8.6	9.4	7.9	6.2	5.9	2.0	6.2	46.2
%	4.1%	3.6%	4.3%	3.9%	4.2%	3.4%	4.4%	4.0%
Horizon Scanning	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.3
Existing CIAG & New Prioritisation								-
Risk Prioritisation Schemes (Specialist Services)								-
2025/26 IMTP Recurring funding requirement including Investment Decisions	8.7	9.5	7.9	6.2	5.9	2.0	6.3	46.5
JCC Gross funding requirement 2025-26	220.7	267.3	190.6	166.3	144.2	59.4	148.6	1,197.2
% Uplift Required	4.1%	3.7%	4.3%	3.9%	4.3%	3.5%	4.4%	4.0%

This can be split against service areas as follows:-

	Ambulance / 111	Mental Health	Specialist Services	Total
Opening Budget £m	275.4	88.9	786.5	1,150.7
Additional funding 2025-26	4.9	3.0	38.6	46.5
Proposed Budget 2025-26	280.2	91.9	825.0	1,197.2
% Uplift	1.8%	3.4%	4.9%	4.0%

4.4 Efficiency and Savings

- **General Approach**

A structured approach to efficiency and savings will be underpinned by a collaborative long-term strategy and transformation plan, including:

- Reviewing current service portfolios and cost benchmarks.
- Commissioning whole pathways of care (e.g., thrombectomy).
- Prioritising efficiency measures that avoid harm or support life-saving interventions.
- Revising access criteria and pathway designs.
- Considering budget virement across service portfolios to support development.
- Reviewing previous funding increases to assess continued value.
- Discontinuing lower-value services without transferring costs to Health Boards.
- Avoiding portfolio expansion through service transfers, maintaining focus on current services.

- Revisiting previous resource mapping work.
- Evaluating financial risk-sharing mechanisms between providers and commissioners.
- Conducting systematic reviews of prior service funding increases.
- Advancing business cases for sustainable services.
- Applying Value-Based Healthcare principles to drive efficiency and sustainability.

This approach ensures that financial efficiencies do not compromise patient outcomes but instead drive value-based decision-making and service improvement.

- **Inherent Financial risks**

In reaching agreement to a 4% uplift it is recognised that the financial plan is subject to a number of specific financial risks. Current risks include English growth for 2024/25 funded non-recurrently in 2024/25 of **£8.9m**, high cost drugs beyond 25% of the potential increase of £13m, **£3.3m**, plus any additional demand transpiring in-year largely linked to individual patient request or high cost care **£3m**. In addition, there is significant risk that demand will exceed 2024/25 levels and resources will be required to deliver Ministerial Performance targets. The JCC has requested a clear focus to be maintained on the mitigation of risk in year particularly in relation to contracts, requiring providers to manage within the agreed plan and go further to prevent cost increases beyond the 4%. These will be mitigated through a collaborative efficiency and savings programme to be jointly delivered by NWJCC, Health Boards and WAST, both through commissioner and provider actions. There has been commitment to this approach with system wide plans being developed, including the potential to vire funding across service elements to support clinical priorities.

- **Savings delivery**

Within the plan there are savings identified within the NWJCC of **£2.5m**, representing 2% set against non-Welsh provider expenditure, this will be delivered against medicines management, non-Welsh contracts and NWJCC direct running costs. The plan therefore overall reflects overall savings and efficiency target of **£11.4m** that will require significant work at pace in order to deliver. In addition, the plan is net of **circa £8.5m**, 2.87% of savings within the WAST financial plan which supports equivalent cost pressures, together with **£8-10m of efficiencies within MH services** that offset additional costs. The Chief Commissioner has maintained dialogue with providers in order to assess deliverability and to assess the appetite to mitigate said costs pressures in year and ongoing discussions are taking place. In addition, further discussions will be

required with WAST and the Welsh Kidney Network to assess further the deliverability of an additional efficiency as well as mitigating significant inflationary pressures.

4.5 Risk Shares

NWJCC funding primarily comes from Health Boards, structured around various risk share arrangements, including population and usage metrics. This is illustrated in the financial plan above, where actual percentage increases vary by Health Board. A commitment has been made to review and update these risk shares for 2025/26, reflecting updated demographic and service data. This work is being led by the Finance Working Group, which includes representation from each Health Board.

The review of risk-sharing mechanisms will be critical in ensuring equitable distribution of financial pressures across commissioners. An updated risk share model will improve predictability in financial planning and align funding contributions more closely with service demand and population health needs

4.6 Future Outlook

This plan reflects a single-year financial outlook for 2025/26. Over the next financial year, financial planning will be refined to establish a three-year strategic framework (2026/27-2028/29). A strengthened collaborative financial planning process will be critical to maintaining balance while supporting service delivery and innovation.

The development of a longer-term financial strategy will enable the NWJCC to move towards a more sustainable and forward-looking approach to commissioning and funding.

4.7 Summary and Conclusions

This financial plan balances the need for additional funding beyond the 1.77% uplift with the recognition of system wide financial constraint, with agreement to a maximum 4% increase to commissioners. Delivering this plan depends on the collective commitment to managing and mitigating financial risks through joint efficiency and savings measures.

The financial challenges ahead remain significant, but through collaborative risk management and value based decision-making, NWJCC is committed to maintain service stability while laying the groundwork for future transformation and sustainable funding arrangements.

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CHAPTER 5: Governance and Delivery of the Plan

5.1 Governance Structures

As outlined in the 'Planning Context' chapter, the imperative of transitioning to a new organisation has meant that the NWJCC's foundation plan was developed through extant governance and oversight structures of predecessor organisations. As the new NWJCC governance structures continue to be embedded throughout this year, the plan will be delivered and governed according to the organisation's new structures. As such, most recently, newly established commissioning groups have signed off the general direction of travel for each of the commissioned areas, with the newly formed Collaborative Commissioning Leadership Group having oversight of it all in the latter stages.

Progress against delivery of the plan will be reported quarterly through:

- **Planning, Performance and Finance (PPF) Sub-Committee:** A sub-Committee of the Joint Commissioning Committee which seeks to ensure that the organisation is effectively managing the strategic planning, performance and financial duties outlined in the Joint Committee's Standing Orders (SOs) and Standing Financial Instructions (SFIs) relating to planning, securing and commissioning the services delegated to the NWJCC.
- **Quality, Safety and Outcomes (QSO) Sub-Committee:** A sub-Committee of the Joint Commissioning Committee whose role is to be assured that the organisation is commissioning appropriate, high quality and safe services from providers (Health Boards, Trusts and private sector providers) on behalf of Health Boards in Wales.

This will be followed by final oversight and sign-off by the Joint Commissioning Committee:

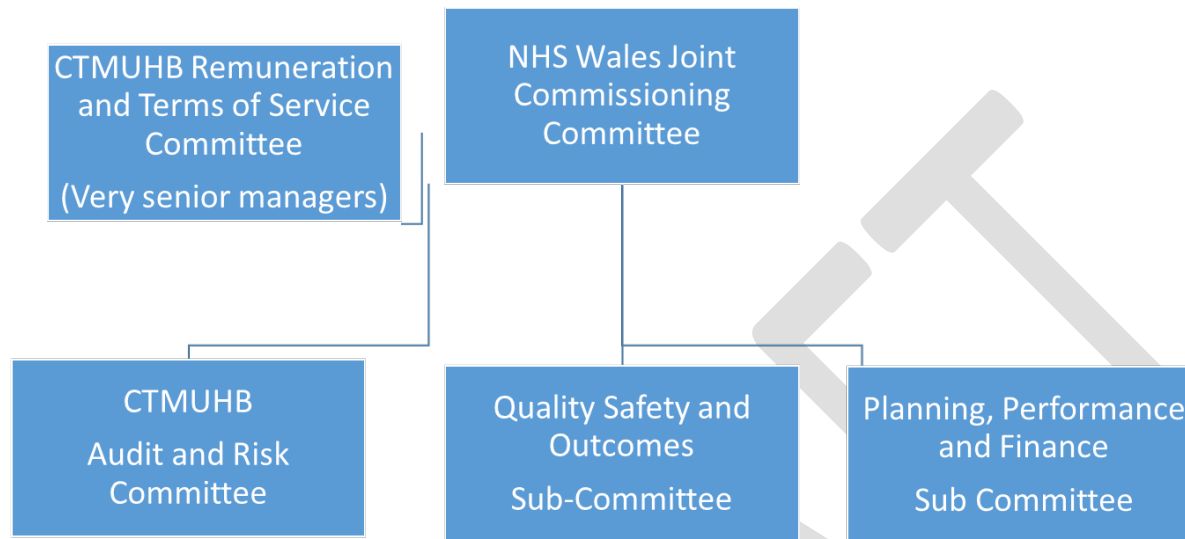
- **Joint Commissioning Committee (JCC):** A Joint Committee of the seven Health Boards, comprising an independent Chair, up to five Lay Members, the seven Chief Executives of the Health Boards and the Chief Commissioner as an Associate Member. The Joint Committee's role includes:
 - Determining a long-term strategy for the commissioning of services delegated to the NWJCC

- Producing an Integrated Medium-Term Plan which describes how these services will be delivered on behalf of LHBs through clear 'commissioning intentions' which informs and compliments the LHBs Integrated Medium-Term Plans (IMTPs)
- Ensuring that the JCC acts in accordance with the Directions and Scheme of Delegation of the Health Boards for those functions which it has been delegated to deliver.

Those risks either managed by means of the plan's delivery or emerging as a result of its implementation will be reviewed according to the terms of the organisation's Risk Management Framework, incorporated into the NHS Wales Joint Commissioning Committee Risk Register by Commissioning Directors (updated on a monthly basis), and subject to oversight by the:

- Cwm Taf Morgannwg University Health Board Audit and Risk Committee (CTMUHB ARAC): As per the approved Assurance Map of the Joint Commissioning Committee, issues relating to the functions of the NWJCC delegated from the seven LHBs are fed into a separate Hosted Bodies ARAC within CTMUHB, operating within its own work cycle as required. The assurance for this will be to the seven LHBs.
- The CTMUHB ARAC supports the CTMUHB Board and Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements. The ARAC will advise and assure the Board and the Accountable Officer on whether effective arrangements are in place, through the design and operation of CTMUHB's system of assurance, to support them in their decision taking and in discharging their accountabilities for securing the achievement of the Health Boards objectives, in accordance with the standards of good governance determined for the NHS in Wales.

Figure 7 – NWJCC Sub-Committee Structure



Having been subject to the NHS Wales Joint Commissioning Committee governance and oversight structures, progress against the plan will be submitted to the **Welsh Government** by means of a quarterly report.

The delivery of plan is predicated on collaboration with member Health Boards who will be formally engaged on the programmes of work that fall within the plan through the :

- **Collaborative Commissioning Leadership Group (CCLG):** Provides Health Board, Executive-level support to the Chief Commissioner and the NWJCC Team in partnership and collaboration to plan, advise, develop and implement key plans and strategies (including the IMTP) for the NWJCC, and is the primary engagement mechanism for Health Board involvement in the development, review and management of issues and the contribution of advice to inform consideration by the NWJCC at Joint Committee meetings.

5.2 Delivery of the plan

In line with the request issued through the planning guidance for tangible deliverables to be demonstrated within plans, this document is supported by an implementation framework that sets out those deliverables by quarter using a Goals, Methods and Outcomes approach. The aforementioned Goals, Methods and Outcomes can be found at Appendix H. Directorate-level Collaborative Commissioning Groups will plan a key role in tracking delivery and escalating non-delivery to the Collaborative Commissioning Leadership Group accordingly.

- **Goals:** The NWJCC's Commissioning Intentions, which comprise the broad, overarching targets or desired results that the organisation wishes to achieve for the year ahead and which provide direction and purpose.
- **Methods:** The specific strategies or approaches that the NWJCC will use to achieve these goals/Commissioning Intentions. The methods are the means by which the goals will be accomplished, including the processes and techniques employed.
- **Outcomes:** These are the actual results or impacts that will occur as a result of implementing the methods to achieve the goals. The NWJCC's desired outcomes for 2025-2026 will reflect the effectiveness of the methods used and whether the goals/Commissioning Intentions are met. Alongside methods, progress towards desired outcomes will be closely monitored by the NWJCC's new governance structures; where slippage is identified that mitigations can be advised and commenced.

CHAPTER 6: Conclusion

This foundation plan of the NWJCC offers a balanced position between ambition, risk and financial prudence. As such it presents a programme of focussed activity for the year ahead, subject to the development of an organisational commissioning strategy that will set the framework for the development of a 3 year Integrated Medium Term Plan for 2026-2029.

The opportunities for development and delivery within this foundation year are in the areas of:

- Development of a NWJCC Strategy and Assurance Framework
- Setting the foundations (and route map) for the NWJCC becoming 'The Centre of Excellence for Collaborative Commissioning' within NHS Wales
- Strengthening the NWJCC population health perspective
- A focus on contracting and benchmarking
- Pathway and referral management
- Strategic service reviews
- Manchester Arena Inquiry
- Continuing Health Care
- Year one core commissioning activity for each of the delegated areas.

These areas are, of course, balanced with risk appetite of the NWJCC, inherent with approving a 4% risk management financial plan which will result in the following risks needing to be tolerated by the NWJCC, and potentially needing management within year, should any aspect materialise:

- There will be an increased emphasis on recommissioning and savings schemes across NHS Wales organisations
- There is no contingency for demand, cost pressures or emerging risks
- Services with sustainability or financial risks are not prioritised
- New drugs or technologies identified through horizon scanning are not prioritised
- No new services can be transferred to the NWJCC

- Funding pressures from within NHS England need further focus
- Acceptance of risk related to high cost drugs
- Some services considered at risk of fragility or required development will not receive investment in year
- Any funding scheduled to be released in Q4 of 2024/2025 has been stopped – impacting implementation of the 2024/2025 plans
- Potential for increasing equity between services in NHS England and NHS Wales

The NWJCC remains both ambitious and prudent with regards this foundation year, and welcomes the opportunity to develop its inaugural strategy, against which the first three year Integrated Medium Term Plan can be developed.
