Agenda Item
3.4

Joint Commissioning Committee

IMTP 2027-30 Development Update

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	Not Applicable
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Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Senior Leadership Team (SLT)	16/11/2026	Noted

1. SITUATION/BACKGROUND

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

A considerable amount of work has been undertaken to establish a robust approach to the development of the NHS Wales Joint Commissioning Committee's (NWJCC) IMTP, while also providing stronger foundations for future planning cycles. This has included the development of commissioning intentions, an evidence-based prioritisation process, a high-level delivery plan and a communications and engagement plan. These arrangements build on learning from the previous Foundation Plan and current Annual Plan and are intended to support a clearer, longer-term approach to commissioning priorities and outcomes.

The development of the NWJCC's IMTP is based on a number of planning assumptions, and will need to be agile to reflect the emerging National Clinical Plan and the on-going challenging financial environment. This will also factor into, and inform the development of the NWJCC's Commissioning Strategy for NHS Wales where opportunities to utilise the NWJCC more broadly could be considered.

The NWJCC's IMTP will need to focus on stabilising current commissioning portfolios agreed over the period of the plan, whilst transforming how the NWJCC could be best utilised to secure services that ensure maximum efficiency and quality of services on behalf of the Health Boards and Welsh patients.

2. SPECIFIC MATTERS FOR CONSIDERATION

The following areas bring together progress reported to the Planning, Performance and Finance (PPF) Sub-Committee and the next steps for the 2027–30 IMTP, building on lessons from previous planning cycles.

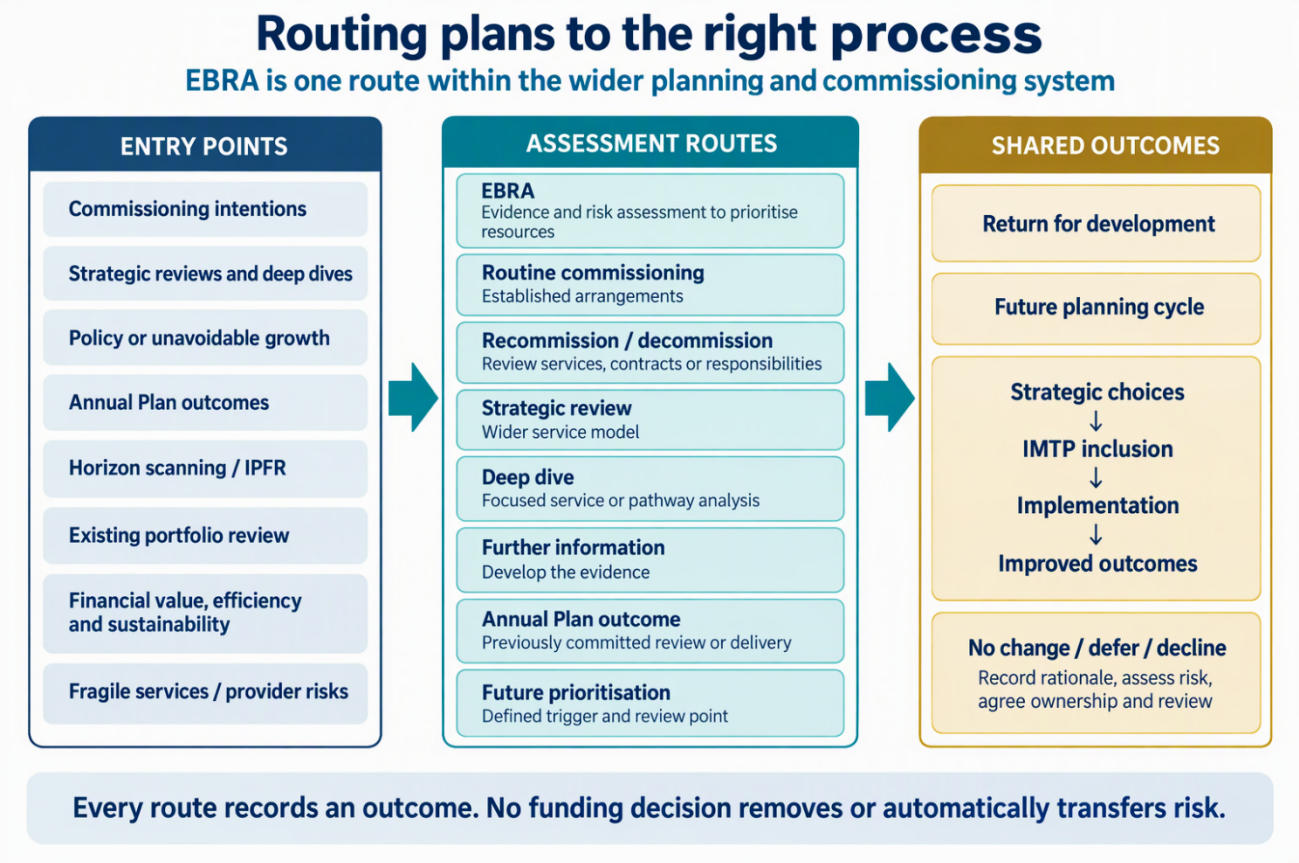
2.1 Commissioning Intentions

Commissioning intentions for 2027–30 will shape priorities, resource allocation and service development. Planning must ensure commissioned services meet population need, demonstrate value for money, deliver expected activity and improve outcomes. Intentions should be supported by clinical evidence, clear service specifications and outcome measures, with quality, equality and affordability assessed.

Planning assumes continued resource constraints and savings requirements in 2027/28, with gradual improvements in subsequent years. Priorities must therefore be tested against affordability, whole-system value and the consequences of inaction.

The internal workshop on 30 June 2026 established a standard template and four cross-cutting themes, subsequently confirmed with the Collaborative Commissioning Leadership Group (CCLG): **population need and inequalities; collaborative commissioning; sustainability and efficiency; and prioritising prevention.** These support whole-pathway planning, reduced duplication and variation, and earlier intervention.

96 initial commissioning intentions were received from commissioning teams in July 2026 submission deadline. Initial review identified the appropriate assessment routes, summarised below;



A Collaborative Commissioning Delivery Group (CCDG) workshop held on 3 September 2026 reinforced whole-pathway commissioning, stronger use of strategic reviews and further evidence on need, outcomes, demand, capacity and deliverability. Commissioning teams have been refining commissioning intentions and routes through planning to support explicit choices between investment, transformation, recommissioning and managed risk within available resources.

2.2 Strategic Planning & Commissioning Framework (draft)

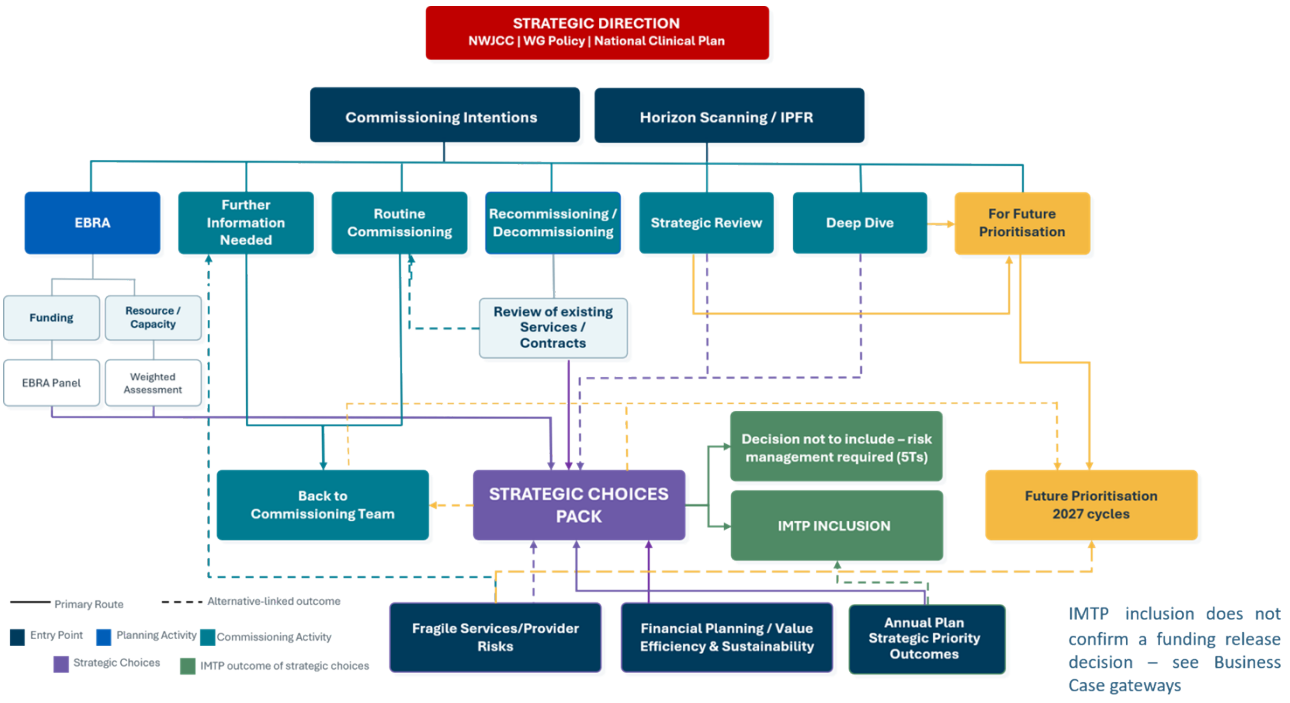
In addition to the routes identified through the review of commissioning intentions, the IMTP needs to bring together the wider range of commissioning, service and financial changes expected over the planning period, including:

- Outcomes of Strategic Reviews & Deep Dives from the NWJCC 2026/27 Annual Plan;
- Evidence Based Risk Assessment (EBRA);
- funded transfers of services;

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

Consideration of all aspects of the draft framework extend beyond the commissioning intentions submitted for this planning cycle but will form a basis for on-going planning considerations into 2027/28.

A draft Strategic Planning and Commissioning Framework brings these routes into one continuous approach connecting population need, evidence, commissioning choices, resources, delivery and evaluation. Common evidence requirements and decision gateways will support the 2027–30 IMTP and future cycles. Performance baselines, improvement expectations and gaps against standards will be built into the planning timeline and Strategic Choices Pack, alongside affordability, benefits and explicit risk ownership, including where proposals are deferred or not progressed.



2.3 Outcomes of Strategic Reviews and Deep Dives from the NWJCC 2026/2027 Annual Plan

The 2026/2027 Annual Plan identified strategic priorities that are being taken forward with lead Chief Executives, Lay Member and CCLG representative involvement.

The outcomes and recommendations arising from the strategic priority areas of work have been/are being presented to the Joint Committee during 2026 to

inform commissioning choices into future years. Where agreed, strategic reviews will continue into 2027/2028 and beyond, timescales for which will reflect the scale of transformation and resources required to progress new commissioning models. It should be noted that the work undertaken by the NWJCC on the 2026/2027 priority areas will require partnership working across NHS Wales in their implementation and anticipate them also playing a significant role in supporting the delivery of the National Clinical Plan.

The approach taken by the NWJCC on establishing Strategic Reviews and Deep Dives in the current planning round will be explored for consideration into further areas in the NWJCC's developing IMTP.

2.4 Evidence Based Risk Assessment

EBRA is a new process for the NWJCC which is designed to provide a consistent, transparent process for proposals requiring formal prioritisation, with two scheduled rounds each year, the first being in November this year. It follows five stages: confirming scope and NWJCC remit; assessing evidence of population need, patient benefit, clinical effectiveness, value, deliverability and equity; comparing the risks of action and inaction; multidisciplinary panel review using weighted assessment and expert judgement; and ranking proposals in a defensible priority order.

The EBRA panel met on 12 November 2026 and comprised NWJCC clinical leads, independent experts, Health Board representatives and a colleague from the Life Sciences Hub. The assessment makes evidence gaps, financial sustainability, consequences for other services and proposed risk mitigations explicit, distinguishing value for money from affordability.

EBRA determines relative priority; it does not make funding decisions or authorise implementation. Its findings inform Joint Committee strategic choices alongside affordability, existing commitments and the wider commissioning portfolio from other routes of assessment. Where funding is set aside, subject to a business case, the detailed proposal must then complete the required assurance, approval and funding-release gateways before implementation. Neither an EBRA ranking nor inclusion in the IMTP authorises expenditure. Proposals that are unfunded, deferred or declined must retain documented risks, agreed risk ownership and management, mitigations and review arrangements; a funding decision may not remove or automatically transfer the underlying risk.

Moreover, given the challenging financial position, there may be some priorities that release better value into the NHS Wales system where savings materialise in budgets not held by the NWJCC and a mechanism to capture this value added will be explored.

2.5 Fragile Services

All services commissioned by NWJCC will be considered with the relevant providers through a systematic, risk-based assessment to identify those that are

fragile or potentially unsustainable. Working collaboratively with NHS Wales Performance & Improvement, Health Boards and providers, this assessment will consider current and emerging risks to quality, safety, access, workforce resilience and long-term sustainability and consider the emerging National Clinical Plan. The resulting intelligence will inform commissioning priorities and identify where the NWJCC can most effectively focus its commissioning response.

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

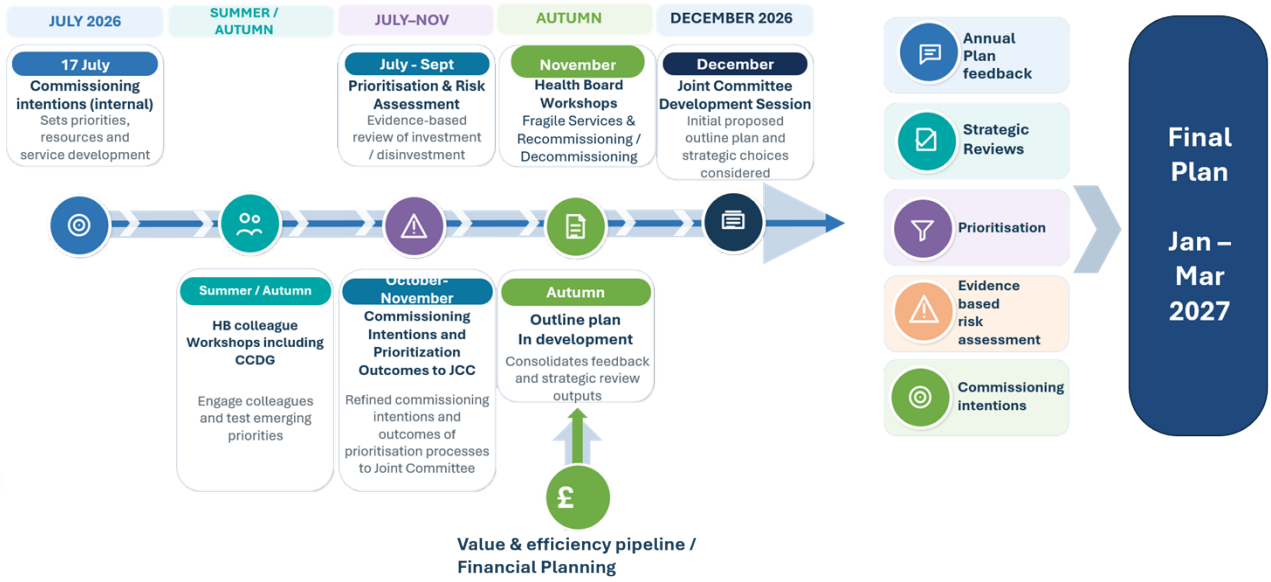
A provider workshop on 30 November 2026 will test the proposed definition and assessment framework using existing examples and live service challenges, including specialised services. It will refine the approach before wider application and identify evidence gaps, mitigations, owners and review routes. Fragility will inform the commissioning response, not automatically imply investment or decommissioning.

2.6 Recommissioning/Decommissioning

A recommissioning / decommissioning workshop is being held on 2 December 2026 to replace a planned CCLG workshop. It will test EBRA outputs and transparent principles for reviewing the commissioning portfolio, including choices to protect, redesign, transfer, reduce or cease services to keep within the available resource and financial envelope. Updated commissioning intentions, grouped by service area with intended outcomes, consequences of inaction and assessment routes, will support discussion alongside available EBRA findings. Outputs will inform the Strategic Choices Pack, not approve service changes or commit savings.

2.7 High Level Plan

A high-level plan (supported by a more detailed project plan) ensures that the development of the IMTP runs to a tight timescale to ensure key areas of the process are given due consideration, and to align to key committee meetings in the NWJCC calendar;



The planning assessment, commissioning intentions and workshops on 30 November and 1 December will inform strategic choices for Collaborative Commissioning Leadership Group input and Joint Committee consideration at an IMTP development workshop in December 2026 which will inform the draft plan to go into Joint Committee in January.

2.8 Communications and Engagement Plan

The Communications and Engagement Plan supports continued collaboration with Health Board commissioners and providers, CCDG, CCLG, Joint Committee and other stakeholders to shape the IMTP through the following arrangements:

- Continue **collaboration with Health Board commissioners and providers**, CCDG, CCLG, Joint Committee and other internal and external stakeholders through to IMTP submission in March 2027, building on previous feedback and supporting alignment across NHS Wales.
- Use **focussed sessions and update papers** for CCLG, PPF and Joint Committee, **workshops** and standing CCDG discussions, **planning-to-planning meetings** and standing Service Level Agreement/Long Term Agreement agenda items with providers.
- Ensure material developments, investment requirements and sustainability concerns receive **relevant provider or commissioner executive consideration before entering NWJCC planning**, confirming organisational ownership and clinical, operational and financial context.
- Use available **provider risk assessments and updated Health Board risk profiles** for resilience, sustainability and fragile services, requested by the end of October and reinforced through planning-to-planning meetings.
- **Align engagement with IMTP milestones** so service developments, pressures and risks inform evidence gathering, prioritisation and strategic choices, with continued dialogue as proposals are refined.
- **Keep the Communications and Engagement Plan flexible** to enable further stakeholder engagement and collaboration as the plan develops.

2.9 Financial Planning

Financial planning is integral to the IMTP, connecting commissioning priorities with the resources available to deliver them. The proposed approach is to maintain a two-way link: commissioning intentions, EBRA findings, strategic reviews, existing commitments and provider or fragile-service pressures inform the financial plan, while affordability informs commissioning choices. Recurrent and non-recurrent commitments will be considered together through the Strategic Choices Pack and the 2 December workshop.

Planning should proceed on a provisional flat-cash assumption pending Welsh Government guidance and the national allocation letter. A shared financial baseline should make existing commitments, rebasing, provider savings expectations and Health Board assumptions explicit, including the treatment of the £16.2m savings position already incorporated within the baseline in 2026/27. New pressures should be considered alongside evidenced savings, reprioritisation or changes elsewhere in the commissioned portfolio, rather than assuming additional funding.

Financial choices should clearly set out service consequences, risks and Quality Impact Assessments where required, distinguishing genuine savings from underspends arising from developments that have not progressed. Provider risk information and outstanding assessments should be completed before final decisions, with evidence gaps and the consequences of not funding proposals made explicit.

Planning, Finance and commissioning leads will develop a single integrated position, with the financial dashboard and draft financial plan aligned to IMTP milestones and informed by EBRA and wider strategic choices. Shared assumptions, affordability gaps and decisions required should be presented through the relevant governance routes, with sensitive financial detail considered through appropriate confidential arrangements.

3 KEY RISKS / MATTERS FOR ESCALATION

The principal planning risks are affordability within the provisional flat-cash envelope, uncertainty over the £16.2m savings position and baseline assumptions, incomplete provider risk information and development of robust Quality Impact Assessments. These may limit the assessment of service consequences and the ability to accommodate emerging priorities within the available resources. Planning, Finance and commissioning leads are progressing the required analysis and assurance within a challenging timetable. Unresolved financial gaps, service risks and decisions not to fund proposals will need explicit ownership, mitigation, review and escalation through the appropriate governance routes.

4 ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Maximise Value
	If more than one applies please list below: Ensure Quality Reduce Duplication Improve Equity and Population Health Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
	If more than one applies please list below: Efficient Equitable Person Centred Timely Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Refine
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: QIA will be completed for the IMTP
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: EQIA will be completed for the IMTP
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	This update does not authorise expenditure or changes to commissioned services. Financial planning is being integrated with commissioning priorities within a provisional flat-cash envelope, including review of baseline commitments, savings and emerging pressures. Material resource changes remain subject to prioritisation, impact assessment and the relevant approval arrangements, as described in section 2.8.	

5 NEXT STEPS

Next steps include:

- Continue the planning assessment process taking outputs from each element of the draft NWJCC Planning & Commissioning Framework.
- Continue SLT, CCDG, CCLG, Health Board commissioner and provider engagement.
- Bring outcomes from planning evidence into strategic choices Joint Committee consideration in December, recording alternatives, affordability, risks and agreed ownership.
- Confirm shared financial planning assumptions and the baseline, including the £16.2m savings position, rebasing and provider savings expectations, updating the provisional flat-cash assumption when national guidance is available.
- Develop the financial dashboard and draft financial plan to the agreed IMTP timetable, bringing recurrent and non-recurrent commitments, EBRA priorities and provider pressures into the Strategic Choices Pack, with affordability gaps and options for savings or reprioritisation explicit.
- Present the draft plan to Joint Committee in January 2027 and the final plan for approval in March 2027.

6 RECOMMENDATIONS

The members of the Joint Commissioning Committee are asked to:

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