

**Confirmed Minutes of the  
NHS Wales Joint Commissioning Committee Meeting  
held in public on  
Tuesday 21 January 2025**

Microsoft Teams and In Person at Charnwood Court

**Members:**

Ian Green (Chair)	(IG)	Lay Member, NHS Wales JCC (In Person)
Susan Elsmore	(SE)	Lay Member, NHS Wales JCC (In Person)
Abigail Harris	(AH)	Chief Executive Officer, Swansea Bay University Health Board
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg University Health Boards (part meeting 10:40 – 12:00)
Shameem Nawaz	(SN)	Lay Member, NHS Wales JCC (In Person)
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan University Health Board (In Person)
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale University Health Board (In Person)
Nia Roberts	(NR)	Lay Member and Vice Chair of the JCC, NHS Wales JCC (In Person)
Hayley Thomas	(HT)	Chief Executive Officer, Powys Teaching Health Board
Paul Worthington	(PW)	Lay Member, NHS Wales JCC (In Person)

**Associate Member:**

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

Shaun Ayres	(SA)	Deputy Director of Operational Planning and Commissioning, Hywel Dda University Health Board
Jacob Barge	(JB)	Patient (Part meeting – for Patient Story only)
Carole Bell	(CB)	Director of Nursing & Quality, NHS Wales JCC (In person)
Iolo Doull	(ID)	Medical Director, NHS Wales JCC (In Person)
Georgina Galletly	(GG)	Director of Transition and Transformation, NHS Wales JCC (In Person)
Claire Harding	(CH)	Interim Director of Planning, NHS Wales JCC (In Person)
Gwen Kohler	(GK)	Deputy Director of Finance, NHS Wales JCC
Jacqui Maunder	(JM)	Committee Secretary & Associate Director of Corporate Services, NHS Wales JCC
Shane Mills	(SM)	Director for Commissioning and Mental Health, NHS Wales JCC (In Person)

Rachel Marsh	(RM)	Executive Director of Strategy, Planning and Performance, Welsh Ambulance Service University NHS Trust
Angela Mutlow	(AM)	Director of Operations, Llais (In Person)
Helen Tyler	(HT)	Head of Corporate Governance, NHW Wales JCC (In Person)
Ross Whitehead	(RW)	Director of Commissioning for Ambulance and 111 Services, NHS Wales JCC (In Person)
Melanie Wilkey	(MW)	Director of Commissioning for Specialised Services, NHS Wales JCC
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Welsh Government (Part Meeting)

**Observing:**

Richard Davies	(RD)	WKN Projects & Service Improvement Manager, NHS Wales JCC
Richard Palmer	(RP)	Senior Specialist Planning Manager, NHS Wales JCC
Kendal Smith	(KS)	Finance Partner - Financial Planning, NHS Wales JCC
Sandra Tallon	(ST)	Assistant Director of Finance, NHS Wales JCC
Yasmin Fraser	(YF)	Member of the Public

**Apologies:**

Philip Kloer	(PK)	Chief Executive Officer, Hywel Dda University Health Board
Jason Killens	(JK)	Chief Executive, Welsh Ambulance Service Trust
Mandy Rayani	(MR)	Lay Member, NHS Wales JCC
Carol Shillabeer	(CS)	Chief Executive officer, Betsi Cadwaladr University Health Board

**Minutes:**

Karla Williams	(KWi)	Interim Corporate Governance Officer, NHS Wales JCC
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The meeting opened at 9:30am

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JCC24/108	<p><b>1.1 Welcome and Introductions</b></p> <p>The Chair, Ian Green (IG) welcomed members, attendees and observers to the NHS Wales Joint Commissioning Committee (JCC) Joint Committee (JC) Public meeting and introductions were made, highlighting there were a number of observers as noted above.</p> <p>IG welcomed Jacob Barge (Jacob) who was in attendance to share his patient story.</p>

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	<p>There were no objections to the meeting being recorded and it was confirmed that the recording would be available on the JCC website following the meeting. It was noted that a quorum had been achieved.</p>
JCC24/109	<p><b>1.2 Apologies for Absence</b> Apologies for absence were noted as listed above.</p>
JCC24/110	<p><b>1.3 Declarations of Interest</b> There were no additional declarations of interest relating to the items for discussion on the agenda.</p>
JCC24/111	<p><b>1.4 Patient Story</b></p> <p>Carole Bell (CB) introduced Jacob Burge, a patient who had joined the meeting to share his experience of moving from a standard prosthetic leg to a Microprocessor Knee (MPK). Jacob shared his experience and members noted:</p> <ul style="list-style-type: none"> <li>• He had required an amputation 5 years ago,</li> <li>• He received an MPK a year ago, funded through an Individual Patient Funding Request (IPFR) process,</li> <li>• The MPK significantly improved mobility such as walking on uneven terrain, going up and down stairs and cycling on a stationary bike,</li> <li>• His confidence and quality of life had increased since having the MPK fitted,</li> <li>• He benefited from a comprehensive physiotherapy programme and close support from the Artificial Limb &amp; Appliance Centre (ALAC),</li> <li>• A mobile app helped control the functions and resistance levels of the MPK; and</li> <li>• That MPKs could help reduce falls and hospital admissions.</li> </ul> <p>IG queried how swift the approval process was and Jacob advised that it was seamless, aside from the challenge of having to lose weight. He highlighted that he underwent an outcome measure assessment at the start of the process which was repeated after six months to monitor any improvement. He also underwent six weeks of physiotherapy treatment which had been invaluable.</p> <p>Susan Elsmore (SE) inquired about the benefits of emotional and mental health and Jacob advised that he had enhanced resilience, independence, confidence and overall positivity.</p> <p>Members noted the importance of data to inform future commissioning for advanced prosthetic technologies.</p>

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	<p>Stacey Taylor (ST) thanked Jacob for sharing his story which demonstrated clear improvements in patient outcomes and ST emphasised MPK as an area of growth in future commissioning plans.</p> <p>Jacob departed after his presentation, offering to answer follow-up questions offline.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the patient story.</li> </ul>
JCC24/112	<p><b>1.5 Minutes of Meeting held on 12 November 2024 and Matters Arising</b></p> <p>The minutes of the Joint Committee (JC) meeting held on 12 November 2024 were <b>approved</b> as a true and accurate record of the meeting.</p> <p>Nia Roberts (NR) advised that she had been listed twice. This was due to her taking over the role of Chair following IG's departure at the November 2024 JCC meeting.</p> <p>There were no matters arising.</p>
JCC24/113	<p><b>1.6 Action Log</b></p> <p>Members <b>noted</b> the progress on the actions outlined on the action log and <b>agreed</b> the completion of the actions marked as 'closed'.</p> <p>Jacqueline Maunder (JM) provided an update on the open actions which remained in progress and on target for March to May 2025.</p>
JCC24/114	<p><b>2.1 Chair's Report</b></p> <p>The Chair's report was received, and members noted the key meetings attended and updates as follows:</p> <ul style="list-style-type: none"> <li>• <b>Chairs Action on Financial Limits</b> – Members ratified the Chairs action taken to approve an updated financial delegation limit for the interim Chief Commissioner of the JCC, Stacey Taylor, specifically in relation to Service Level Agreements (SLAs) in line with the Standing Financial Instructions (SFI's) up to £2m, Individual Patient Funding Requests (IPFR) and Other Non-Contract Payments to £1m and organisational running costs up to £100,000,</li> <li>• <b>Joint Commissioning Committee Strategy Workshop</b> – On 10 December 2024, JCC members participated in an interactive strategy workshop session which focussed on obtaining members views on the JCC's Transition plan and the development of the JCC Integrated Medium term Plan (IMTP),</li> </ul>

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	<ul style="list-style-type: none"> <li>• <b>Recruitment of a new Chief Commissioner</b> - following a competitive recruitment exercise the JCC had been unable to make an appointment. The Chair thanked Stacey Taylor for continuing to cover the Chief Commissioners' responsibilities in an interim capacity; and</li> <li>• <b>Key meetings attended.</b></li> </ul> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report; and</li> <li>• <b>Ratify</b> the Chairs action taken in conjunction one Officer Member (CEO of an LHB), to approve an updated financial delegation limit for the interim Chief Commissioner of the JCC.</li> </ul>
JCC24/115	<p><b>2.2 Interim Chief Commissioner's Report</b></p> <p>The Interim Chief Commissioner's report was received and members noted the following updates:</p> <ul style="list-style-type: none"> <li>• <b>Update on the – JCC Transition Plan – Quarter 3</b> - Work had continued at pace during Quarter 3 to implement the steps to 'routine business' for the new JCC and the JCC team,</li> <li>• <b>JCC Transition Plan - Priorities for Quarter 4</b> – the priorities were outlined and included delivery of the 2024/25 plan, finalising and implementing the new organisational structure for the JCC and finalising the IMTP 2025-28. Other pieces of work currently under development include a Directory of Services and developing a Commissioning Framework for the JCC; and</li> <li>• <b>Collaborative Commissioning Leadership Group (CCLG) Terms of Reference (ToR)</b> - The final ToR for the newly formed group to support the Chief Commissioner were noted. The first meeting was scheduled to take place on 28 January 2025. ST thanked members for their nominations and members endorsed the ToR.</li> </ul> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report; and</li> <li>• <b>Endorse</b> the draft Terms of Reference (ToR) for a new Collaborative Commissioning Leadership Group (CCLG).</li> </ul>
JCC24/116	<p><b>2.3 Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups</b></p> <p>The Commissioning report from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups (MHLDVG) was received.</p>

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	<p>Shane Mills (SM) presented the report and members noted updates on:</p> <ul style="list-style-type: none"> <li> <b>High Secure Services</b>            Environmental concerns in relation to high secure services from Ashworth High Secure Hospital and Rampton High secure Hospital secured via the NHS England (NHSE) contracting arrangements were highlighted. A business case for a new building was being progressed by MerseyCare NHS Foundation Trust (MNFT). Rampton Hospital had been placed into enhanced monitoring by the Care Quality Commission (CQC) and improvement will be monitored by commissioners at the quarterly National Oversight Group (NOG), of which the JCC has membership. The JCC continues to work with NHSE to address these issues and improve the facilities.         </li> </ul> <p>Members requested data for out-of-area placements, especially medium secure versus low secure and historical trends. SM agreed to share this at a future JCC Strategy Workshop.</p> <p><b>ACTION:</b> Data on mental health out of area placements to be shared with the JCC at a future JCC strategy session.</p> <p>Abigail Harris (AH) noted the urgent need to refresh the medium-secure facilities strategy in Wales and confirmed a Board Advisor for MH had been appointed for Swansea Bay University Health Board (SBUHB). AH advised that the HB would use this opportunity to refresh the strategic plan for these services. Suzanne Rankin (SR) requested an integrated approach that included local MH pathways to manage capacity effectively.</p> <p>Paul Worthington (PW) queried the timescale for receipt of the data and SM replied that the work was at an advanced stage and would be available in the near future.</p> <ul style="list-style-type: none"> <li> <b>Traumatic Stress Wales (TSW)</b> - A review of the Traumatic Stress Wales (TSW) service, hosted by the JCC commenced in December 2024,         </li> <li> <b>Internal Audit Quality Aspects of the National Frameworks</b> - An internal audit assessment was undertaken on the Quality Aspects of the National Frameworks which received a 'Reasonable Assurance' assessment rating.         </li> </ul> <p>Hayley Thomas (HT) suggested there could be learning around the ongoing work particularly at a local level, following the internal audit and requested that any learning be shared.</p>

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	<ul style="list-style-type: none"> <li>• <b>Fire at Taith Newydd Low Secure Unit, Glanrhyd Hospital</b> – A recent fire at a low-secure unit required the transfer of patients into a medium-secure environment. The JCC were working closely with the provider to ensure minimal disruption. SM and AH praised staff responsiveness to this challenging situation. Long-term, it highlighted the need for significant estate modernisation across medium secure units.</li> </ul> <p>Shameem Nawaz (SN) questioned the impact on patients affected by the fire. SM confirmed that the environment between low and medium units were not significantly different, but he would continue to work closely with the provider HB to ensure vulnerable patients were being dealt with appropriately.</p> <p>HT questioned how SM’s Mental Health commissioning group would link back into HBs and asked what his thoughts were on whether this was working well or if more was required to help support the delivery of the work plan. SM explained that there had been good levels of engagement with HBs and they were starting to look at local need and the variation between local use of specialised services to see what the JCC could learn. SM has commenced work on internal deep dives, but the work was complex and multifaceted with relatively small numbers. SM informed members that they were collaborating with the strategic mental health programme to ensure that all aspects of the pathway were considered.</p> <p>Shaun Ayres (SA) questioned the barriers to local service provision. SA asked if delays were due to a lack of local services, noting that fixing the end of the pathway would not resolve issues in other parts if they persisted.</p> <p>SM replied that most HBs had undertaken local reviews but there were significant challenges in relation to modernisation of the facilities and estates. SM also highlighted recruitment challenges.</p> <p>The Chair emphasised that a comprehensive understanding of all services, not just those commissioned by the JCC, was necessary to inform the overall approach and strategy to mental health.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>
JCC24/117	<p><b>2.4 Director of Commissioning Ambulance Services and 111</b> The Commissioning report from the Director of Commissioning for Ambulance Services and 111 was received.</p> <p>Ross Whitehead (RW) highlighted:</p>

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	<ul style="list-style-type: none"> <li>• <b>Risk</b> – RW reminded members that detailed discussions were held on ambulance performance and capacity at the December 2024 JCC strategy workshop, and improvement plans and mitigations were under review,</li> <li>• <b>Emergency Medical Retrieval and Transfer Service (EMRTS) Review – Judicial Review</b> – The Judicial Review was due to take place on the 22 and 23 January 2025. Further updates will be provided at future meetings,</li> <li>• <b>Recommendation 4 – Bespoke Road based model</b> – the JCC endorsed Commissioning Intentions in November 2024, with WAST presenting options. More scrutiny was necessary to ensure alignment with system performance. This was discussed at the Ambulance and 111 Services Commissioning Group on 9 January 2025. Due to financial and operational implications and performance disparities across Wales, further discussions were needed, and these will continue through the CCLG,</li> <li>• <b>Manchester Arena Inquiry Assessment</b> – The JCC Team is establishing a process in collaboration with health board nominated representatives, for reviewing the assessment provided by the ambulance service</li> <li>• <b>Ambulance Service Measures Review</b> - Welsh Government (WG) have established a Task &amp; Finish Group on revised performance metrics and recommendations were due to be presented to the Cabinet Secretary for Health &amp; Social Care in the near future,</li> <li>• <b>Non-Emergency Patient Transport Services (NEPTS) Future Vision</b> - A draft long-term vision has been developed for NEPTS. The final version will be presented to the JCC meeting on 18 March 2025; and</li> <li>• <b>Emergency Medical Technician (EMT) Re-Banding</b> - WAST proceeded with the re-banding of the EMT roles due to the risk of an industrial dispute despite the JCC being unable to make a decision on the proposal at its November 2024 meeting. The in-year costs will be absorbed by WAST for 2024/25 and clarity was provided that this will remain a provider issue in 2025/26. Skill mix changes will be required to mitigate future financial impacts.</li> </ul> <p>PW expressed concern that WAST had proceeded without a decision from the JCC during its November 2024 meeting and queried if this could lead to a financial risk as it had not been approved by the JCC and inquired about the potential costs. RW advised he would provide an update outside of the meeting.</p> <p>IG advised that there were currently no concerns within the current financial year due to assurances received from WAST that it could</p>

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	<p>be managed in-year. However, the JCC had not approved the business case due to the implications for years 2 and 3. Now that it had been implemented, there will be implications for years 2 and 3 which were not part of the current commissioning intentions.</p> <p>ST advised that the issue will be addressed during the IMTP discussions and should be considered by the JCC for next year's IMTP process. Due diligence on the business case was not yet complete, so it had not been included in the financial plan, posing a risk to the provider for next year. It was clarified that WG consider this a commissioner and provider issue.</p> <p>IG asked whether the JCC had flagged any concerns with WAST following their decision and RW advised that there had been discussion about the tensions between WAST as a commissioned service and as a statutory organisation and there was an acknowledgement that clarity was required on the decision-making process. IG advised that the committee did not intend to limit the provider's ability to make decisions but insisted that any decisions with financial risks relating to the JCC should include the JCC in the discussions.</p> <p>Rachel Marsh (RM) clarified WAST's perspective and that the new national profile mandated a re-banding. WAST had assumed the cost and risk for this year and will explore skill mix changes to mitigate future financial impacts.</p> <p>ST advised that the JCC would arrange a Director-to-Director discussion with WAST to discuss these issues.</p> <p><b>ACTION:</b> The Directors from the JCC and WAST to meet to discuss collaborative working, future commissioning responsibilities/relationships and decision making.</p> <p>ST emphasised that over the next twelve months, the JCC needed a strategy to support meeting the ministerial targets and to improve current performance indicators.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>
JCC24/118	<p><b>2.5 Director of Commissioning of Specialised Services</b></p> <p>The Commissioning Director report from the Director of Commissioning of Specialised Services was received and Melanie Wilkey (MW) provided an overview of key service and risk areas:</p> <ul style="list-style-type: none"> <li>• <b>Plastic Surgery waiting times South Wales</b> - There were currently plastic surgery patients with longer waits than the</li> </ul>

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	<p>current target of no patients waiting longer than 104 weeks by March 2025. Confirmation of the outcome of SBUHBs planned care funding submission to WG for achieving this target was still awaited. In the event that the planned care funding requested by the HB was not confirmed, there will be insufficient funding for achieving the 104 weeks key performance indicator for plastic surgery,</p> <ul style="list-style-type: none"> <li>• <b>Plastic Surgery outreach clinics in North Wales</b> - There was a capacity gap in the outreach clinics managed by BCUHB but delivered by the plastic surgery service in Mersey &amp; West Lancashire Trust (MWLT), leading to long waits and particularly for patients who required timely follow up following treatment for skin tumours. MWLT had indicated that it may require an alternative funding model to meet the requirements of the out-reach service. This issue had been escalated,</li> <li>• <b>Salford Royal Hospital Obesity Surgery Waiting Times</b> – persistent performance concerns had led to the service being placed into escalation under the commissioning assurance framework by the JCC Senior Leadership Team (SLT) on 8 January 2025,</li> <li>• <b>Neonatal Services</b> - Productive meetings with Cardiff and Vale UHB indicated workforce improvements in neonatal units. Next steps include Phase 2 of neonatal cot rebasing. This requires programme management support; and</li> <li>• <b>Other commissioning risks</b> in the report were acknowledged. A more comprehensive Specialised Services Strategy was requested as each risk was significant but could not be addressed separately.</li> </ul> <p>Angela Mutlow (AM) requested further details regarding the risks associated with the neonatal cots. MW provided background information, confirming that staffing, workforce, and resourcing had been challenging, resulting in some shifts not being fully staffed. However, the number of refusals had decreased.</p> <p>AH emphasized the need to address neonatal capacity issues, such as inadequate cot availability, and noted that the network's role was crucial in this effort.</p> <p>SR called for a comprehensive Specialised Services Strategy (SSS), noting that each risk was significant and interconnected. The neonatal system lacked capacity, with issues in funding, staffing, or space, or sometimes all three.</p>

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	<p>MW agreed that an SSS was needed. Recent information received from CVUHB has been reassuring, but a broader strategic approach was also required.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the specialised commissioning updates summarised in this report; and</li> <li>• <b>Note</b> the summary of specialised risks described, mindful that these are managed by means of the organisational risk register and that risks and services in escalation are reported to the JCC Quality, Safety and Outcomes (QSO) sub-committee for detailed scrutiny.</li> </ul>
JCC24/119	<p><b>3.1 Joint Commissioning Committee Integrated Medium Term Plan (IMTP) 2025-2028 Development</b></p> <p>Members received a presentation summarising the IMTP process which included the following updates:</p> <ul style="list-style-type: none"> <li>• The WG Planning Framework Guidance had been published and the financial allocation letter highlighted a 1.77% allocation uplift to be passed through to providers from commissioners. A 2% minimum efficiency savings target,</li> <li>• Emerging Commissioning Priorities: <ul style="list-style-type: none"> <li>- Ambulance/111</li> <li>- Mental Health, Learning Disabilities</li> <li>- Specialised Services</li> </ul> </li> <li>• Emerging financial position - The ministerial priorities of urgent and emergency care and planned care recovery were signalled. The need for collaboration and prioritisation of resources was emphasised and a risk-based prioritisation process would be undertaken. Of the 70 proposals received, 17 had been flagged as high priority. The financial position was discussed in detail. Early estimates suggested a 5.5% growth requirement. The substantial cost drivers such as inflationary pressures, increased demand and NICE technology approvals were highlighted. Continuing overspends and new demands suggest a shortfall, potentially pushing total need to 6.4% if new priorities were funded.</li> </ul> <p>SR advised that it would be beneficial to clearly state the intentions along with the intended outcome to support the rationale and noted that the entire system faced sustainability challenges. She questioned the feasibility of 2% savings and highlighted the need for a multi-year strategic approach.</p> <p>SA recommended a structured approach by stabilising current services/risks, identifying essential versus optional expansions, and considering workforce, estates, and cost feasibility.</p>

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	<p>NP and PW recommended a more detailed breakdown and encouraged the JCC to produce 2–3 scenario models for the February development session. They emphasised the need for clarity in financial risk-sharing among HBs, transparency, an explicit decision framework, and a robust timeline to finalize an affordable plan.</p> <p>AH reported HBs were in different positions to start from and suggested an explicit scenario planning with transparent risk-benefit analysis and realistic timelines. IG confirmed members needed to consider and make difficult decisions with key timescales on when to make these decisions.</p> <p>NR asked when the difficult decisions would be made. ST replied the February strategy workshop meeting would be pivotal, with final sign-off in March 2025.</p> <p>IG requested some explicit scenario planning and suggested 2-3 scenarios for further discussion at future JCC strategy workshop to support the ongoing discussions on prioritisation.</p> <p><b>ACTION:</b> JCC Team to produce scenario-based plans for the February JCC Strategy Workshop: capturing best to worst-case, the implications of new service expansions, and feasible mitigations.</p> <p>Members agreed for the final IMTP to be brought for approval in March 2025, with a potential extraordinary meeting on 18 February 2025 for detailed discussion around prioritisation.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the IMTP presentation; and</li> <li>• <b>Agree</b> that further work was required on scenario planning.</li> </ul>
JCC24/120	<p><b>3.2 Commissioning of Highly Specialised Service for Very Rare Diseases</b></p> <p>The report on Commissioning of Highly Specialised Services for Very Rare Diseases was presented. Professor Iolo Doull (ID) advised that the high-cost, low-volume services were previously managed through the IPFR process or ad hoc methods. A formal JCC commissioning model would ensure fairness and better data collection. While there was a financial risk, ID emphasised the need for consistent clinical approaches.</p> <p>ST mentioned that the former Welsh Health Specialised Services Committee (WHSSC) Management Group had agreed that the new JCC should discuss this proposal.</p>

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	<p>IG inquired about the financial implications and ID advised that there would always be financial implications due to the costs of medicines.</p> <p>NR inquired whether this differed from the IPFR route and ID advised that most of the care involved medicines, which would be handled by a clinic and had minor costs. However, the requests were processed through the IPFR process due to the high medicine costs.</p> <p>IG summarised that following discussion the commissioning responsibilities for very rare disease services should sit with the JCC, with further engagement at HB levels to clarify any potential financial implications.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report,</li> <li>• <b>Note</b> there are a number of new medicines for very rare diseases in the NICE appraisal pathway, for which in Wales there was currently no clinical or financial planning, and</li> <li>• <b>Approve</b> a recommendation that Joint Commissioning Committee is the preferred option for the planning and commissioning of highly specialised services for Wales.</li> </ul>
JCC24/121	<p><b>3.3 Continuing Health Care (CHC)</b></p> <p>A report requesting that JCC members endorse the establishment of a NHS Wales Continuing Healthcare (CHC) Cooperation Programme was received. SM highlighted:</p> <ul style="list-style-type: none"> <li>• The CHC continued to experience increasing costs and varied processes across HBs,</li> <li>• A collective vehicle would enhance quality, cost effectiveness, and standardised commissioning; and</li> <li>• Eight workstreams needed formal governance under the JCC, with local HBs retaining ultimate accountability.</li> </ul> <p>HT noted ongoing sustainability efforts needed a decision-making framework.</p> <p>NR asked about the potential benefit and cost reduction and SM highlighted the benefits in joint market management, consistent threshold application, and shared expertise.</p> <p>AH supported a well-defined improvement plan, ensuring that local step-down options were available to avoid the over-prescription of CHC. SN inquired about patient flow from acute settings and any lessons learned from local and national best practices, while SR emphasised the importance of robust governance to ensure achievable benefits.</p>

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	<p>PW sought clarity on measuring patient outcomes and system flow. SA asked how this would improve outcomes and its impact on patients and the wider system.</p> <p>IG advised that there would need be clarity on financial accountability and resource implications.</p> <p>ST recommended that members remain aware of this matter and revisit the scope in March 2025. This would ensure that the JCC addressed any concerns and incorporated them into governance arrangements.</p> <p><b>ACTION:</b> An updated report to be brought back to the March 2025 JCC meeting.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report; and</li> <li>• <b>Endorse</b> the establishment of a NHS Wales Continuing Healthcare Cooperation Programme, subject to being resourced appropriately.</li> </ul>
JCC24/122	<p><b>4.1 Financial Performance Report - Month 9</b></p> <p>The financial performance report providing the month 9 financial position of JCC for the 2024-2025 financial year was received. The financial position was reported against the 2024-2025 baselines following approval of the former WHSSC Integrated Commissioning Plan (ICP) and former Emergency Ambulance Services Committee (EASC) IMTP by their respective Joint Committees of the 7 Health Boards (HBs) in March 2024.</p> <p>The JCC financial position for 2024-2025 reported at Month 9 was a £4.8 million overspend against the ICP financial plan to date, with a forecast year-end overspend of £5.8 million at this point with further risk in relation to TAVI in particular.</p> <p>Members noted the ongoing negotiations with WG regarding potential additional allocations, the English pay award pass-through and that cross-border flows remained a key issue.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the month-end financial position.</li> </ul>
JCC24/123	<p><b>4.2 Performance Report – December 2024</b></p> <p>The report providing an integrated overview of the performance of services commissioned by JCC up to the end of December 2024 was</p>

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	<p>received. IG highlighted that the key performance topics within this report were addressed in the Directors' reports.</p> <p>The combined legacy approach to performance reporting (WHSSC/EASC formats) remains transitional and a new JCC Performance Management Framework was under development for 2025/2026.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the ongoing work to align indicators and metrics into an integrated performance report for the JCC; and</li> <li>• <b>Note</b> the future scrutiny and assurances to be received in relation to performance via the Planning, Performance and Finance JCC Sub-Committee once established in February 2025.</li> </ul>
JCC24/124	<p><b>5.1 Corporate Governance Report</b></p> <p>The Corporate Governance report was received and members noted the updates.</p> <p>PW queried the Annual Report timeline and JM advised that the reporting timelines aligned to the CTMUHB timetable and deadlines.</p> <p>Members noted the closure of the remaining legacy WG recommendations relating to Audit Wales "WHSSC Committee Governance Arrangements" report. The CTMUHB Audit and Risk Committee (ARC) for hosted bodies received confirmation from Audit Wales in December 2024 that the outstanding WG recommendations were now categorised as completed.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report,</li> <li>• <b>Endorse</b> the proposed CEO member nominations and the updated Terms of Reference for the Joint Committee's Planning, Performance and Finance sub-committee and the Quality, Safety &amp; Outcomes sub-committee,</li> <li>• <b>Note</b> that the updated Terms of Reference for the Joint Committee's Planning, Performance and Finance sub-committee and the Quality, Safety &amp; Outcomes sub-committee will be submitted to the 7 x HBs for approval; and</li> <li>• <b>Note</b> that Audit Wales have confirmed that all of the recommendations outlined in the legacy Audit Wales "WHSSC Committee Governance Arrangements" report are categorised as completed.</li> </ul>
JCC24/125	<b>5.2 Highlight Reports from the Joint Sub-Committees</b>

Min Ref	Agenda Item
	<p>The highlight reports from the following Joint Sub-Committees were received:</p> <ul style="list-style-type: none"> <li>• Audit and Risk Committee (ARC) Assurance Report</li> <li>• Management Group Briefings</li> <li>• Individual Patient Funding Request (IPFR) Panel</li> <li>• Welsh Kidney Network (WKN)</li> </ul> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the highlight reports.</li> </ul>
JCC24/126	<p><b>5.3 Joint Commissioning Committee Risk Register</b></p> <p>The JCC risk register report was received. Members noted that the amalgamated risk register was categorised as a transitional risk register whilst further work was undertaken to refine the risks and align with the new structure.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report,</li> <li>• <b>Approve</b> the JCC risk register and mitigating actions as at 30 November 2024,</li> <li>• <b>Note</b> the review work undertaken by the MH&amp;VG Commissioning Directorate; and</li> <li>• <b>Note</b> the ongoing development of a risk appetite statement for the JCC which will be presented to the JCC at its strategy session on 18 February 2025.</li> </ul>
JCC24/127	<p><b>6.1 Any Other Business</b></p> <p>There were no other matters of business to discuss.</p>
JCC24/128	<p><b>6.2 Review of Meeting</b></p> <p>IG asked for members to provide any reflections on the meeting.</p> <p>Members felt topics on risk, strategy, and IMTP were appropriately covered but noted the volume of material necessitated robust discussion. NR reiterated the meeting covered multiple substantive risk items within Directors' reports.</p>
JCC24/129	<p><b>6.3 Date of Next Meeting</b></p> <p>The JCC noted that the next routine meeting was scheduled for the 18 March 2025.</p> <p>There would be an Extraordinary JCC Meeting &amp; Strategy Workshop on 18 February 2025 to focus on IMTP scenario planning.</p>
JCC24/130	<p><b>6.4 In Committee Resolution</b></p>

Min Ref	Agenda Item
	<p>The Joint Commissioning Committee recommended to make the following resolution: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".</p>

The meeting concluded at 12.53.

**Chair's Signature:** .....

**Date:**.....

CONFIRMED