Confirmed Minutes of the NHS Wales Joint Commissioning Committee Meeting held in public on Tuesday 12 November 2024

Microsoft Teams and
In Person at Charnwood Court, Nantgarw / Media Point Building, Mold

Members:

Ian Green (Chair until 12.10pm)	(IG)	Chair, NHS Wales JCC
Nia Roberts (Chair from 12.10pm)	(NR)	Lay Member and Vice Chair, NHS Wales JCC (In Person – North Wales)
Susan Elsmore	(SE)	Lay Member, NHS Wales JCC
Abigail Harris	(AH)	Chief Executive Officer, Swansea Bay University Health Board
Philip Kloer	(PK)	Interim Chief Executive Officer, Hywel Dda University Health Board
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg University Health Boards
Shameem Nawaz	(SN)	Lay Member, NHS Wales JCC
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale University Health Board
Mandy Rayani	(MR)	Lay Member, NHS Wales JCC (in person – North Wales)
Nia Roberts	(NR)	Lay Member, NHS Wales JCC (In Person – North Wales)
Carol Shillabeer	(CS)	Chief Executive Officer, Betsi Cadwaladr University Health Board (in person – North Wales)
Hayley Thomas	(HT)	Chief Executive Officer, Powys Teaching Health Board
Paul Worthington	(PW)	Lay Member, NHS Wales JCC (in person – North Wales)

Deputies:

Lee Davies	(LD)	Executive Director of Strategy and Planning, Hywel Dda University Health Board (in person – Charnwood)
Jennifer Winslade	(JW)	Executive Director of Nursing, Aneurin Bevan University Health Board (until 12.00)
Robert Holcombe	(RH)	Executive Director of Finance, Procurement & Value, Aneurin Bevan University Health Board (from 12.00)

Associate Member:

Stacey Taylor	(ST)	Interim Chief Commissioner, NHS Wales JCC (in person – North Wales)

In Attendance:

Carole Bell	(CB)	Director of Nursing & Quality, NHS Wales JCC T (in person)
Iolo Doull	(ID)	Medical Director, NHS Wales JCC (in person)
Dyfed Edwards	(DE)	Chair, Betsi Cadwaladr University Health Board (in person – North Wales for item 1.4)
Samia Edmonds	(SE)	Director of Planning, Health, Welsh Government
Georgina Galletly	(GG)	Director of Transition and Transformation NHS Wales JCC (in person – Charnwood)
Jason Killens	(JK)	Chief Executive Officer, Welsh Ambulance Services University NHS Trust
Gwen Kohler	(GK)	Deputy Director of Finance, NHS Wales JCC (in person – Charnwood)
Lee Leyshon	(LL)	Deputy Director Comms and Engagement, NHS Wales JCC (in person – Charnwood)
Jacqui Maunder	(JM)	Committee Secretary & Associate Director of Corporate Services, NHS Wales JCC (in person – North Wales)
Shane Mills	(SM)	Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups NHS Wales JCC (in person - Charnwood)
Rachel Marsh	(RM)	Executive Director of Strategy, Planning and Performance, Welsh Ambulance Services University NHS Trust
Angela Mutlow	(AM)	Director of Operations, Llais
Helen Tyler	(HTy)	Head of Corporate Governance, NHS Wales JCC (in person – North Wales)
Ross Whitehead	(RW)	Director of Commissioning for Ambulance and 111 Services, NHS Wales JCC

Observing:

Dominique Gray-Williams	(DGW)	Assistant Specialised Planner, NHS Wales JCC (in person – North Wales)

Apologies:

Phil Kloer	(PK)	Chief Executive Officer, Hywel Dda University Health Board
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan University Health Board
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Welsh Government

Minutes:

Karla Williams	(KWi)	Interim Corporate Governance Officer, NHS Wales JCC (in person - Charnwood)

The meeting opened at 9:00am

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JCC24/087	**1.1 Welcome and Introductions** The Chair, Ian Green (IG) welcomed members, attendees and observers to the public meeting of the NHS Wales Joint Commissioning Committee (JCC). It was noted that IG would need to leave at 12.00 and Nia Roberts (NR) would take over as Chair for the remainder of the meeting. Shameem Nawaz (SN) and Mandy Rayani (MR) were introduced as new Lay Members and they were invited to provide some background information. SN and MR were welcomed to their first JC meeting. Abigail Harris (AH) was also welcomed to her first JC meeting as the Chief Executive of Swansea Bay University Health Board (SBUHB). IG noted there would be an update from Dyfed Edwards (DE) Chair and Carol Shillabeer (CS), Chief Executive officer for Betsi Cadwaladr University Health Board (BCUHB). There were no objections to the meeting being recorded and it was confirmed that the recording would be available on the JCC website following the meeting. It was noted that a quorum had been achieved.
JCC24/088	**1.2 Apologies for Absence** Apologies for absence were noted as listed above.
JCC24/089	**1.3 Declarations of Interest** MR declared that she was a member of St John Ambulance Council for Dyfed and this interest had been noted on the Declaration of Interest Form submitted to the JCC. IG confirmed that whilst not a conflict it was important to note this as an interest. There were no other declarations of interest were made relating to the items for discussion on the agenda.
JCC24/090	**1.4 Betsi Cadwaladr University Health Board Chair and Chief Executive Officer Update** IG welcomed both DE and CS to the meeting. CS provided her thanks and welcomed members to North Wales. DE and CR provided an informative update on their experiences of working in partnership with the JCC. Members discussed the importance of creating proactive and accountable partnerships with HBs and BCUHB provided their helpful reflections.

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	Nia Roberts (NR) advised that she was a resident of BCUHB and she asked what people would notice and what was likely to change for the better within BCUHB. CS explained that BCUHB would like to be a part of a community that offers lifelong opportunities. There would need to be changes on the shape of services to provide a more specialised service to the very highest standards as close to home acknowledging it would be challenging but it would help if the population could have increased level of trust and engagement with the HB. DE commented on some of the disconnect due to the geography of the area. ST thanked BCUHB colleagues for attending and commented that ensuring all organisations work in partnership was important. It was important to hear from HBs as well as patients when considering partnership working and there was a need to consider what regional support was required between the JCC and HBs. IG concluded by thanking BCUHB for attending, noting it was helpful to provide context around the HBs to understand the particular issues and challenges within a particular HB. Members noted the JCC intention to attend all parts of Wales in due course. The Joint Commissioning Committee resolved to: • **Note** the verbal update.
JCC24/091	**1.3 Minutes of Meeting held on 17 September 2024 and Matters Arising** The minutes of the Joint Committee (JC) meeting held on 17 September 2024 were **approved** as a true and accurate record of the meeting. There were no matters arising.
JCC24/092	**1.4 Action Log** Members **noted** the progress on the actions outlined on the action log and agreed the completion of the actions marked as 'closed'. Jacqueline Maunder (JM) provided an update on the open actions which were not due until January 2025. Suzanne Rankin (SR) asked about the Individual Patient Funding Request (IPFR) follow up action, JCC24/074 – Highlight Reports from the Joint Sub-Committees which was marked as closed. Carole Bell (CB) confirmed the JCC wrote out to HBs via email. **ACTION:** CB to resend the e-mail to SR about IPFR nominations.

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JCC24/093	**2.1 Chair's Report** The Chair's report was received, and members noted the key meetings attended and updates as follows: • **Appointment of Lay Members** – The Welsh Government (WG) Public appointments team have progressed and confirmed the appointment of two additional JC lay members, Mandy Rayani and Shameem Nawaz who commenced on 1 November 2024. • **Recruitment of a new Chief Commissioner –** The recruitment process to appoint a substantive Chief Commissioner has commenced via Gatenby Sanderson recruitment specialists and interviews are due to be held on 22 November 2024 with a view to the successful candidate commencing as the new Chief Commissioner in early 2025. JCC members, staff and stakeholders will be involved in the stakeholder panel sessions. In the interim, Stacey Taylor (ST) has been appointed as the Interim Chief Commissioner to ensure business continuity. Judith Paget (JP) has issued a letter confirming ST with an Accountable Officer status. • **Chairs Action –** A Chairs Action will be circulated following the meeting to seek approval for the increase to the financial delegation limits for the interim Chief Commissioner. The Joint Commissioning Committee resolved to: • **Note** the report.
JCC24/094	**2.2 Interim Chief Commissioner's Report** The Interim Chief Commissioner's report was received and members noted the following updates: • **Integrated Medium Term Plan (IMTP) 2025-2028 Development -** Work has been progressing to assess both commissioner and provider risks to inform the commissioning priorities. The outcome of this work will be tested through a workshop on 10 December 2024 where a range of choices will be presented for discussion and potential inclusion. • **Public Health Input for the JCC -** A business case has been developed which considers models which exist elsewhere for public health advice to specialist or national commissioning. Recommendations are being considered that a central function be established, with clear oversight arrangements, to deliver this service and co-ordinate with local and national public health stakeholders. • **Update on JCC transition – Q2 Progress and plan for Q3 2024-2025 -** Overall good progress has been made in the first 7 months since the establishment of the JCC. During Q2 work has continued at pace to implement the steps to 'routine

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	business' for the new JCC. Detailed matters will be picked up in the individual's reports. MR noted the typing errors in figure 2 and it was confirmed that the error was in the process of being corrected. IG asked ST what support was required from the JCC and from Directors whilst in the interim role. ST confirmed the intention to reach out to individuals in due course highlighting there was a lot of internal work ongoing to fully establishing the JCC. IG asked in relation to the plan in terms of any backfill support. ST reported in terms of the finance position, additional support would be requested from Health Boards (HBs) to help with the capacity gaps in the upcoming months. The Joint Commissioning Committee resolved to: • **Note** the report.
JCC24/095	**2.3 Reports from the Commissioning Directors - Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups** The Commissioning report from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups was received. Shane Mills (SM) highlighted the following key areas: • **Medium Secure Units** – Despite under occupancy in the NHS, patients were still being placed in the independent sector. Members noted that there was no national specification for medium secure units. However, there is ongoing work with the Royal College of Psychiatry Forensic Faculty, Stakeholders and HBs to develop one, alongside a low secure service specification. • **Perinatal Mental Health** – Perinatal Mental Health and work on the new Mother and Baby Unit in Chester has commenced with an new completion date of October 2025. A review of demand for perinatal care will be completed by March 2025. • **Gender Disorder** – Work continuing in partnership with NHS England and progressing at pace. IG asked SM to describe how the JCC can focus on delivering value for money and the approach that will be taken to measure this. SM explained that there were 62 patients placed in NHS England and the independent sector, which costs around £20m a year.

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	Members noted some NHS facilities were at capacity but others were below occupancy due to staffing challenges or unsuitable environments. As a result, the JCC team were assessing these facilities were fit for purpose to meet the needs of patient cohorts alongside ensuring there was robust case management systems in place. Members noted that there has been considerations around delayed discharges of care where patients have been identified as being ready to step down within facilities, but for various reasons HBs have been unable to support this in time. Work was ongoing, including meeting with HBs to prepare for step down services. Abigail Harris (AH) was keen to work jointly with the JCC as one of Swansea Bay University Health Board's (SBUHB) priority areas was to refresh the Medium Term Strategy across the board, highlighting there were patients in unsuitable placements. In relation to the Mother and Baby unit, AH had recently visited noting it was not fit for purpose, echoing SBUHB was keen to work with JCC as part of the medium term plan to ensure this service is fit for purpose and with sufficient capacity. IG highlighted there was a high need for integrated joint work between JCC and HBs, noting it was important that the JCC help HBs with effective use of resources to provide quality care. Suzanne Rankin (SR) noted HBs were in a position where there was insufficient capacity to meet the appropriate needs of patients. SR welcomed working with the Royal College of Psychiatry Forensic Faculty but asked if there was anything that could be done to progress the capacity demand sooner, acknowledging this was a very challenging scenario with significant costs. Hayley Thomas (HT) echoed SR, requesting if a deep dive could be done to see how this could be expedited. Paul Mears (PM) was also in agreement and asked how this would sit alongside the political conversations that were ongoing in relation to taking profit out of Social Care and asked how to highlight the risk to Welsh Government as this was an area that required joined-up working with social care. PM suggested that in the short term perhaps Ty Llidiard could be reconfigured to provide more capacity to help with the pressures. IG agreed that a deep dive looking at where the gaps were and how these could be addressed through collaboration.

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	Jennifer Winslade (JW) supported PM and added a broader commissioning approach was required and this should be needs-based rather than demand driven. Paul Worthington (PW) reported this was a helpful discussion around medium secure in terms of strategy and the pace appeared sensible, and asked whether there were any targets for the Gender Disorder service? SM explained there were no targets but he was aware of waiting lists. There has been a particular focus on children and some waiting lists compared favourably to national averages such as in Cardiff and Vale University Health Board (CVUHB). ST noted the Mental Health Strategy had been signed off by the former WHSSC. ST suggested using the Mental Health strategy as a starting point for demand and capacity work to be undertaken. IG agreed this would be a good starting point. SM agreed and noted there would be an area in a new MH strategy particularly focused on accommodation and estates and this may require some joint working with the NHS Executive. **ACTION**: Mental Health Deep Dive to be scheduled for early 2025. The Joint Commissioning Committee resolved to: • **Note** the report.
JCC24/096	**2.3 Reports from the Commissioning Directors - Director of Commissioning for Ambulance and 111 Services** The Commissioning report from the Director of Commissioning for Ambulance and 111 Services was received. Ross Whitehead (RW) highlighted: • **Emergency Medical Retrieval and Transfer Service (EMRTS) Review – Judicial Review** – The notification of permission for the Claimant to proceed to a judicial review of the EMRTS Review decision was received on the 10 October 2024. Team were working closely with health board directors of corporate governance / board secretaries on the development and submission of the collective detailed grounds of resistance. Further updates will be provided at future meetings. • **Manchester Arena Inquiry Assessment -** Additional project management support has now been provided to the Team and together with the acting Director of Planning, a project plan for reviewing each of the requirements outlined in the assessment report is in development.

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	• **Non-Emergency Patient Transport Services (NEPTS) –** Following the closure of the NEPTS business case by the former Emergency Ambulance Services Committee, Members requested the development of a long-term vision for NEPTS in Wales. A draft document has been developed, feedback has been received from health boards and WAST. This feedback will be reviewed collectively and considered for inclusion in an updated version of the NEPTS Future Vision to be presented at the JCC meeting on 21 January 2025. • **Welsh Health Circular on Ambulance Patient Handover guidance WHC/2024/041 -** The Welsh Health Circular on Ambulance Patient Handover Guidance was issued on 29 October 2024. There were requirements for individual health boards, but there were two key actions within the guidance that require the JCC to act upon and this is in progress. • **Evolution of the Clinical Response Model -** RW highlighted that the introduction of the Rapid Clinical Procedure process would be put in place prior to the winter months but this required the JCC endorsement. The service proposes that the introduction of screening which would see improvements in: - Prioritisation of life-threatening emergencies - Early clinical review - Efficient resource utilisation, and - Improved patient care. There was a range of additional proposals including the continued development of remote integrated care services that could deliver additional benefits to the ambulance service and the wider system. Further collaborative work across WAST, health boards and national programmes will be required to deliver these benefits. Rachel Marsh (RM) explained that additional resources in the region of 28 whole time equivalents have been recruited with the aim to go live in November 2024 with a roll out of screening of the variety of different category of calls throughout December 2024 and January 2025. CS asked for assurance that the clinical model described does include the management of people who fall. RM confirmed all aspects of the model were designed to reach people earlier and provide earlier care in collaboration with HBs to ensure the best outcome for all patients. CS emphasised this would help track the difference this makes, particularly to the highest volume of calls that come through. Unfortunately people who have lengthy hospital stays were often patients who have been admitted following a fall.

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	JW noted in terms of governance and reporting and escalation of any concerns and issues, it was important to have early flags of any patient safety issues when introducing new services. Aneurin Bevan University Health Board (ABUHB) were currently doing a lot of work in the community to ensure they provide an early response to people who fall. JW also highlighted another cohort of patients, as there would be a respiratory peak and they were looking at how the HB could create alternative pathways for respiratory patients and connect the pieces of work together. RM highlighted that the whole of the improvement programme would take between 1-2 years. RM explained that they would be tracking the metrics identified to reduced harm but this would not be immediate. RM highlighted that the level of risk in the system is already very high and they have undertaken detailed Quality impact statements (QIA) for the Clinical Response Model and they will also be undertaking QIA for all the other elements. Reporting of incidents will continue to be reported into HBs as per current practice. RW reiterated that this was about mitigating actions for some of the risk already in the system. RW outlined some of the processes and how they will be obtaining assurance from WAST in the event that people do not receive the screening. Jason Killens (JK) reassured Members that each stage would undergo comprehensive and robust independent assessment before moving onto the next phase. JK also assured Members that this programme of work did not come with a resource ask. This change was achievable within the growth with front line clinicians in line with this year's uplift. AH acknowledged SBUHB have particular challenges in respect of long waits at Morriston Hospital and transferring patients out of the system in a timely way. AH commented that this work was welcomed to ensure patients get the right service at the right time. Following discussion, the Joint Commissioning Committee resolved to: • **Note** the content of the report • **Endorse** the introduction of rapid clinical screening by the ambulance service as a means of mitigating harm this winter • **Note** that further collaborative work is required on further development of the Clinical Response model • **Note** the update on the development of the Non-Emergency Patient Transport Service (NEPTS) Future Vision, and • **Note** the key risks and matters for escalation.

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JCC24/096	**2.3 Reports from the Commissioning Directors - Director of Commissioning of Specialised Services** The Commissioning report from the Director of Commissioning of Specialised Services was received and ID highlighted: • **Repatriation of Peptide Receptor Radionuclide Therapy (PRRT) for neuroendocrine tumours -** The London service will repatriate back to south Wales, enabling patients to access treatment closer to home and this will commence in quarter 4 2024-5. • **Continued Expansion in Stereotactic Ablative Body Radiotherapy (SABR) provision in Wales –** SBUHB has been commissioned to expand the range of indications treated with SABR at the South West Wales Cancer Centre. In addition, BCUHB has recently written to JCC to confirm its readiness to engage in the provider designation to be commissioned for provide SABR for lung cancer. • **Advanced Therapy Medicinal Products (AMTP) implementation -** Preparatory work continues to establish the service in CVUHB, in particular in relation to pharmacy requirements. • **Cardiac - TAVI (transcatheter aortic valve implantation) performance -** All three JCC-commissioned TAVI Centres continue to report significant increases in the number of TAVIs undertaken during 2024/25 relative to previous years; only Swansea Bay University Health Board remains within its contract baseline, which was re-profiled as a result of Phase 1 of the Cardiac Review. • **Cardiac Review Phase 2 -** The second phase of the JCC Cardiac Review will be taken forward in collaboration with CVUHB and SBUHB by means of the Regional Specialised Services Provider Planning Partnership (RSSPPP). Work to agree governance processes and identify resource requirements is current underway. • **South Wales Trauma Network Annual Conference -** The event was well attended by clinical and management colleagues from across the health boards supported by the Network. Concerns with access to the new National Major Trauma Registry (NMTR) were noted as progressing towards resolution and the Network's successful Gateway5 review acknowledged. • **Intestinal Failure -** A new delivery framework was agreed earlier in 2024 which encompassed three private providers who are able to deliver a Home Parenteral Nutrition (HPN) service across Wales. The contract renewal costs projected to entail a price increase of £3m per annum, predominantly attributed to both increasing nursing and drug costs; controls are in place to mitigate the impact of this increase.

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	• **Neurosciences and Long-Term Conditions - Deep Brain Stimulation (DBS) -** Following the suspension of the North Bristol NHS Trust (NBT) DBS pathway in 2023, a temporary pathway has been agreed for patients at University College Hospital London, with elements of the pathway provided by Cardiff and Vale University Health Board at the Cardiff University Brain Research Imaging Centre (CUBRIC). • **Women and Children - Paediatric Strategy Implementation Board -** Members were advised that key objectives for 2024/25 included the formal commissioning of paediatric ophthalmology and the completion of the current backlog of service reviews. • **Neonatal Transport Delivery Assurance Group -** Development of the Transport Operational Delivery Network (ODN) has been ceased pending the Neonatal Services Review Phase 2. • **Paediatric and Neonatal Escalation Reset Meeting -** A meeting between the JCC and CVUHB took place on 18 September 2024 to collaboratively agree a way forward and identify two leads to support the escalation process. Escalation objectives and outcomes were jointly agreed; both services currently remain in Level 3 escalation and pathways to de-escalation were discussed. Monthly double escalation meetings for Paediatric Intensive Care and Neonatal Intensive Care will re-commence from November 2024. Angela Mutlow (AM) noted it was good to see services closer to patients homes and asked for assurance for the engagement around those patients who are having to transfer back from London. ID confirmed engagement with patients has been undertaken and the offer of repatriation closer to home would not be mandated and patients can choose to continue with their treatment in London if they have already started their treatment course. PW asked how much of a risk is it that any delay in progressing the Neurosurgery Sustainability and Standards scheme included in the 2022/23 former WHSSC Integrated Commissioning Plan (ICP). ID advised it would need investment for long term sustainability but if we do not make the investment, patients will still need care and if they are sent to England it would cost more. ID noted that a business case for investment was within the ICP. ID reported he was not in a position to report how this would progress financially. IG suggested to take this away and have a further discussion outside of the meeting. SR clarified there was a case that had been agreed but funding had not yet been released. The financial discussion later in the meeting may provide more clarity.

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	SR noted a further risk in relation to the Bone Marrow Transplant (BMT) as the business case was still with WG. ID highlighted the delivery of the Advanced therapy medicinal products (ATMPs) was crucial. Without this investment, there was a chance that the ability to delivery ATMPs could be lost. ID agreed to contact Welsh Government to clarify the current position regarding the BMT business case. The Joint Commissioning Committee resolved to: • **Note** the specialised commissioning updates summarised in this report, and • **Note** the summary of specialised risks described, mindful that these are managed by means of the organisational risk register and that risks and services in escalation are reported to the JCC Quality and Patient Safety Committee (QPSC) for detailed scrutiny.
JCC24/097	**3.1 Joint Commissioning Committee Risk Register** The JCC risk register report was received. JM presented the report and Members noted that the amalgamated risk register was categorised as a transitional risk register whilst further work was undertaken to fully develop. Members noted as at 30 September 2024 there were 19 risks with a score of 15 and above on the Risk Register; 17 commissioning risks and 2 corporate risks. A review has been undertaken on the Ambulance and 111 services risks particularly around performance and capacity. In summary, five ambulance risks have been closed and two new risks have been added, Risk 77 Commissioning of Sufficient Emergency Capacity and Risk 78 Utilisation of Ambulance Capacity. RW explained the team reconsidered the risks from the viewpoint of statutory responsibilities to commission, plan and secure efficient ambulance services for the population of Wales. Four risk categorisations were identified around commissioning of capacity, the utilisation of the capacity that is commissioned, financial risks for delivery and the governance and oversight of those risks. ST noted these required a collaborative assessment to review mitigations to enable the scoring of these risks to be lowered and suggested bringing a deep dive to the Development Session on 10 December 2025. IG welcomed this suggestion and agreed to take this away to have further conversations on the risks in the Ambulance and 111 Services.

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	Susan Elsmore (SE) asked if the scores were correct, as these catastrophic risks were extreme and asked if these could be benchmarked in some way. NR explained that was uncomfortable as the risks have been described differently but the scores have not changed. Hayley Thomas (HT) also welcomed a deep dive in December 2024 and confirmed a more detailed session would be very important to discuss the timescales and the risk appetite statement to establish the key strategic risks for the JCC. IG agreed this would be sensible as further collective work was required to provide assurance. RW agreed there was further work to be done in terms of looking at the risks and the mitigations. SR noted a challenge that needs to be agreed to manage is the commissioner risk and provider risk. When discussing access to care and handover delays, this can have a catastrophic effect which is a death of a patient or severe harm. It was important not to lose sight of this within these discussions. In addition, an understanding of who holds the risk and their responsibilities was also required. IG commented that this was a helpful discussion but accepted the Lay Members continued unease. IG suggested Members adopt the risk register as presented but acknowledged that further work was required and a further discussion would take place in the December session. JM added that work on the risk appetite statements and benchmarking against HBs was also underway. **ACTION:** Further discussions to be held on the risk scoring for the new ambulance risks at the JCC Strategy session 10 December 2024. The Joint Commissioning Committee resolved to: • **Note** the report • **Approve** the JCC risk register as at 30 September 2024 with the inclusion of the revised risks for emergency ambulance services • **Note** the development work undertaken to date, and • **Note** the further work planned to fully develop a JCC Risk Management Strategy and Risk Register, including the development of a risk appetite statement for the JCC.
JCC24/098	**3.2 Corporate Governance Report** The Corporate Governance report was received and JM highlighted: • **Welsh Health Circulars -** WHC/2024/041 Ambulance Handover Guidance which names JCC alongside HBs. • **Sub Committee Terms of Reference (ToR) and Membership /Attendance -** The proposed membership and attendance for the sub committees was noted with 1 proposed change by IG which was for SN and IG to swap between the

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	Quality Safety and Outcomes (QSO) and the Planning, Performance and Finance (PPF). IG acknowledged the advice received from the NHS Wales Directors of Corporate Governance (DoCG) peer group, the Chair proposed that the designation of the CEO members would be amended from attendees to Members for the Joint Committee's Planning, Performance and Finance sub-committee and the Quality, Safety & Outcomes sub-committee. CS agreed that Chief Executives should be Members highlighting these committees were different to HBs and should not mirror HB arrangements. AM confirmed Llais would attend the QSO sub-committee with the caveat that they would have speaking rights as an observer and no voting rights. IG thanked JM for her assistance and facilitation on this work. The Terms of Reference will be amended accordingly and brought back to the JCC in January 2025 for endorsement before seeking final approval from HBs at January 2025 Board meetings. ACTION: Sub-committee ToR to be amended to include CEOs as members of QSO and PPF. • **Forward Work Plan** - JM added the aim is to arrange another in person meeting in North Wales on 20 May 2025. IG suggested a visit to Mid Wales rather than North Wales, to ensure attendance at all HBs highlighting the importance to meet in person. The Joint Commissioning Committee resolved to: • **Note** the report, and • **Approve** the proposed lay member nominations and CEO attendees for the Joint Committee's Planning, Performance and Finance sub-committee and the Quality, Safety & Outcomes sub-committee.
JCC24/099	**3.3 Highlight Reports from the Joint Sub-Committees** The highlight reports from the following Joint Sub-Committees were received: • **Audit and Risk Committee Assurance Report** PW highlighted the capacity and staffing issues as a risk for the JCC. • **Quality Patient Safety Committee** IG reported he chaired the meeting on 4 November 2024 and there was an item to be discussed further in the in Committee session. • **Management Group Briefing** The MG briefing was received and noted.

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	• **Individual Patient Funding Request (IPFR) Panel** Carole Bell (CB) thanked everyone who provided HB nominations and rotas for the IPFR panels and confirmed this has helped with quoracy. Positive feedback was received on the ToR on 18 October 2024 and confirmed there were some minor amendments being proposed and this would need to come back to JCC for endorsement and HBs for approval in future, but work was progressing. IG added he had recently met with the IPFR Chair and her main concern was ensuring meetings were quorate. • **Welsh Kidney Network** The Welsh Kidney Network briefing was received and noted. The Joint Commissioning Committee resolved to: • **Note** the highlight reports.
JCC24/100	**4.1 Recommendation 4 - Update** An Emergency Medical Retrieval and Transfer Service (EMRTS) Recommendation 4 update was received on progress with the developments of a commissioning proposal for bespoke road-based enhanced and/or critical care service in rural, remote and coastal areas. Members noted that Recommendation 4 was developed as part of the EMRTS Review. Recommendation 4 focuses on developing a commissioning proposal and it addresses concerns raised during public engagement about ambulance responses for conditions that do not require EMRTS's highly specialised pre-hospital critical care service. Importantly, it is an additional emergency service development that will work as part of the emergency ambulance service. RW described the work undertaken to develop the commissioning intentions and referenced the Appendix which details the work of the Task and Finish Group including the modelling work. RW also explained that a number of operating principles have been suggested as part of the delivery of the proposal and the expectation that this will be delivered within the current resource envelope for ambulance services. Members noted that there will be no reduction in availability in other parts of Wales to enable this change and the service should also aim to build and complement the existing CHARU (Cymru High Acuity Resource Unit) services and augment those services where possible. RW explained that this proposal will support the delivery of a road based bespoke model in a defined geographical area of Wales with the aim of improving responses in those areas. IG asked RW to provide feedback following conversations with BCUHB and PtHB. Feedback had been received in terms of the broader approach and where the work fitted particularly around the role of CHARU.

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	CS provided her thanks to RW for attending their informal Board meeting to respond to questions. CS highlighted that there was a risk that understanding the different levels of services becomes quite complicated in the minds of the public. Drawing together and expanding the CHARU type skills was an important consideration for the provider and this could offer additional benefits to the wider population. CS suggested that it would be helpful if clarification on these elements could be shared with members of the community. RW explained the approach adopted to ensure a collaborative commissioning approach for ambulance service delivery. In terms of progressing, there was a need to outline high level commissioning intentions and then allow the provider the opportunity to consider the most effective way to deliver those intentions more broadly across the entirety of the service. IG confirmed it was important for the JCC to set the high level approach and to ask the provider to consider the options and for the JCC to then decide if the proposal meets the objectives or not. HT noted that the discussion at their informal Board session was very informative and well received and highlighted it was really important that confidence around service deliverability and the workforce was key. In addition, evaluation and impact was discussed at length. The longer term management and impact on this service was important and HT highlighted it was important that the response time and the transfer to hospital time to ensure the patients are getting to hospital at an appropriate point was measured. HT asked for some clarification on some operational details and also raised how further work would be taken with the public on this important matter, bearing in mind the feedback received about communities feeling vulnerable. HT was really keen to ensure working through an appropriate process to engage and involve the public would take place. Lee Davies (LD) noted the proposed model covers three population HB areas including Ceredigion and not just two. LD expressed thanks to RW in relation to the work done in developing the commissioning intentions and noted this would be a pragmatic approach to agree those in the first instance and then ask WAST to respond. RM welcomed the approach in terms of having a set of intentions for WAST to respond. The commissioning intentions approach allows the service to look at different models. AM advised if this is agreed, the public would be awaiting for confirmation of next steps and asked if another statement could be issued explaining the direction of travel.

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	IG noted it was important to ensure that we as a JCC are clear about the decision and ensure there is transparency over the next steps and that this message is also conveyed transparently to the public. PW commented that it was important to note that this was augmenting the emergency ambulance service. In summary, Members discussed the findings of the Recommendation 4 Task and Finish Group report and endorsed draft Commissioning Intentions and delivery criteria. The Commissioning Intentions will now be shared with the Welsh Ambulance Services University NHS Trust to develop a comprehensive delivery model for consideration at a future JCC meeting early in 2025. Prior to coming back to the JCC, RW explained that he would like to take the proposals through the interim Commissioning Group for scrutiny and assurance of the options put forward by WAST. Following discussion, the Joint Commissioning Committee resolved to: • **Note** the content of the Task and Finish Group report • **Endorse** the draft Commissioning Intentions and delivery criteria for issuing to the Welsh Ambulance Services University NHS Trust seeking a response for consideration early in 2025 • **Note** the requirement for WAST to develop a detailed delivery model/s for the committee to consider at the January 2025 meeting, and • **Note** that any engagement requirements will be undertaken following the Committees endorsement of the detailed delivery model.
JCC24/101	**4.2 Emergency Medical Technician Re-Banding Business Case** RW presented to Members the Emergency Medical Technician (EMT) re-banding business case. The case has now been reviewed and Members also had the opportunity to discuss the case at the JCC development session on the 15 October 2024. The case has also been discussed at the Interim Ambulance and 111 Services Commissioning Group. The JCC Team have sought Welsh Government (WG) advice on where responsibility sits for taking this case forward and the advice received from WG was that this was a commissioner issue. Members noted that it is the view of the JCC Ambulance and 111 Services team that the case is not compelling in relation to the improvement in productivity and outcomes that would be delivered as a result of implementation. Broader questions were raised on the appropriate skill/crew mix within the ambulance service in Wales to best meet the needs of the population and deliver best value for the JCC commissioning allocation.

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	However, it is considered that overall, the additional risk to the provider and potentially the JCC of not proceeding with the case outweighs the benefit of revisiting the delivery benefits of the case at this time. The case is also clear that it is the provider's view that maintenance of the status quo in light of these role profiles will potentially lead to far more significant costs to the provider as a result of challenge to the existing job description banding for Emergency Medical Technician (EMT) role. RW highlighted that the ask was for the JCC to approve the adoption of this business case but the ambulance service would manage the in-year financial consequences whilst bringing forward a number of options in terms of future management. MR questioned the benefit of this re-banding? And RW responded explaining that that the driver was the revised national profile for this role and that a number of English NHS Trusts have adopted this but confirmed this was external drivers and not internal drivers. In addition, WAST have also agreed that additional skills would be required in order for staff to attain this re-banding. AH noted all colleagues were needing to reshape the workforce within the finance envelope that HBs currently have to deliver sustainable services for the future. AH queried if this had been received at the National Partnership Forum. AH noted it seemed to be a pragmatic solution but in the wider context of competing workforce demands and how do we deliver prudent value based services for timely access for patients it was more difficult. JW echoed AH's comments, noting this was a national role profile. However, there was no new money in the system and the other changes within the new clinical model for WAST and asked how it would all fit. JW noted there were broader discussions probably already happening about these workforce issues and meeting the needs of the service but there were also broader implications in relation to workforce issues in general. PM agreed that this is something that needs to be done but queried the financial implications as the report was not clear on future funding requirements. If agreed today this would have implications for next year's IMTP. RW confirmed there would be a financial implication for next year. PM suggested agreeing the principle but the detailed information on funding would need to be provided especially in light of WG advice that there would not be a central funding for this.

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	ST confirmed WG were clear that there was no funding, therefore, this would become a commissioning issue. ST explained that this was not a commissioner issue until the JCC have a clear understanding on what the future model looks like and the benefits realisation going forward. ST advised the committee could consider developing a framework offline on how we would deal with requests such as this in year and she was keen not to set any precedents and was keen to continue the discussion around staffing issues and re-bandings offline. IG queried if this was a provider issue rather than a commissioner issue. IG also asked if there was a consequence for the IMTP next year if this was approved. ST agreed that further assessment was required. RW highlighted that WAST would need to consider any implications on not progressing at this point and the steps to be taken as a result. IG noted that Members would need to be sighted on this, and if urgent decisions needed to be made this would be facilitated. **ACTION**: Further assessment to be undertaken. The paper to be re-considered on 21 January 2025. Following discussion the Joint Commissioning Committee resolved to: • **Note** the business case • **Approved** that further assessment was required and the report would be considered at a future meeting. In relation to the recommendations presented in the report: • **Did not approve** the requirement for the Welsh Ambulance Service University NHS Trust to manage the totally of the 2024/25 financial costs of the case within their existing resource envelope • **Did not approve** the requirement for the Welsh Ambulance Service University NHS Trust to develop a range of options for the committee to consider as part of the planning for 2025/26 onward to manage the ongoing revenue implications of this case, and • **Did not approve** the requirement of the Welsh Ambulance Service University NHS Trust to develop plans that maximise the productivity and outcome gains of this case alongside its wider clinical workforce, supporting each staff group to work to the full limits of their clinical scope and minimising duplication of these scopes through appropriate crew mix.
JCC24/102	At this juncture Ian Green left the meeting and Nia Roberts (NR), Vice Chair took over as Chair for the remainder of the meeting.

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	4.3 Financial Performance Report – Month 6 The financial performance report providing the month 6 financial position of JCC for the 2024-2025 financial year was received. The financial position is reported against the 2024-2025 baselines following approval of the former WHSSC Integrated Commissioning Plan and former EASC IMTP by their respective Joint Committees of the 7 Health Boards in March 2024. Gwen Kohler (GK) shared a presentation providing an update on the financial plan for 2024/2025 and options for financial recovery. An update on the Month 7 position was provided, which has remained stable with £3.5m deficit for the year to date and the year-end forecast remaining at £5.6; the key risks of the cardiac (TAVI) over-performance circa £2 million was highlighted. Opportunity costs of £1.5m of funding slippage as well as potential additional funding following the UK budget were noted. The key areas below were discussed in detail as potential opportunities to improve value: **Cardiac (TAVI)** CVUHB were reporting over-performance when compared to 2024/2025 contact baselines. ID added that this is the direction of travel in cardiac surgery. Across the UK, TAVI is increasing and Surgical Repair is decreasing due to an aging population. Savings could be made and there was a big cost difference with the device costs. AH highlighted that in the commissioning plan for SBUHB, it notes that the HB was on track to deliver and in the slide it was reporting an over performance. Robert Holcombe (RH) queried where are these offsets and how we would see this presented within the financial plan, conscious there were some elements of work outstanding. ST advised that the JCC confirmed they would pick this up as phase two of the cardiac review and clarified this would be picked up in collaboration with BCUHB, CVUHB and NWSSP (NHS Wales Shared Services Partnership Committee). RH noted his concerns as HBs were paying for the full amount but were not clear on the contract. ID reiterated that delivery timescales would be completed in phase two of the review dependant on resources being available. SR echoed RHs comments advising project management support to progress this was required.

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	ST confirmed she would arrange a meeting with SBUHB and CVUHB as providers of cardiac services to explore further. NR concluded and agreed that this would needed to be undertaken in a timely manner. **Artificial Limb and Appliance Service (ALAS)** – CVUHB were reporting an increase in activity and costs. ID added that wheelchair equipment was the main driver of these additional costs, although some of these were not new patients, they were patients who have had wheelchairs in the past but replacements were now required. RH noted that the immediate action seemed reasonable but the word consider is unsettling and asked if there was a timeframe for this work. ST reported these were within the commissioning teams work plans. SE asked for assurance that the necessary impact assessments were being done from a quality and equality perspective. **Referral Management -** proposals for changes. CB added there needs to be additional work on this. At the moment, it is just a proposal with further actions required. NR asked if there was a timeline and it was confirmed that work has started but scrutiny at a HB level was required. RH queried whether every referral for a JCC commissioned service should go through the IPFR team. ST confirmed further detail needs to be worked through but the IPFR route was being used as a last chance for clinicians to refer patients. This work was about increasing the control as it was an area of increasing financial costs. CB explained that it was not being suggested that every case goes through an IPFR panel, but there were teams within HBs that manage out of area placements and they liaise with the IPFR team at the JCC. It was about reassuring that the JCC and HBs were aware of any out of area placements although occasionally this was only apparent when an invoice was received. ST explained that this was the reality of what was happening. ST suggested further work was required and this would take place through the Specialised Services Commissioning Group. PW suggested that producing a flow chart with the different stages might help with understanding of the process. **Improving Patient Flow, Oversight and Repatriation in Mental health Hospitals** SM noted this was referred to earlier in his Directors report as reviewing capacity and gatekeeping issues.

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	SM advised that reducing delayed discharge terms would improve patient expedience and flow, therefore it was requested that this should be reduced to one month from three months. RH noted it would be useful to understand why there were delays, and asked what capacity was available and limitations on NHS Wales in providing these services, otherwise JCC costs would reduce and HB costs would increase. SM confirmed work has been undertaken and each case has their own issues. SM accepted that these were often difficult cases, but there needs to be as many incentives in the system as possible to discharge patients into community settings. ST advised that this need to be about quality as well as financial benefits; the JCC Team were seeking clarity around what they were accountable for. LD noted that not all actions included had financial values or timings. LE queried if we were heading for the £5.6 million over-spend with no mitigation action that could be taken in year. ST confirmed, the current forecast position in year was the 5.6m. There were ongoing conversations with WG. The Joint Commissioning Committee resolved to: • **Note** the month-end financial position.
JCC24/103	**4.4 Performance Report – September 2024** The report providing an integrated overview of the performance of services commissioned by JCC up to the end of August 2024 was received. It was noted that the development a new Performance Management Framework for the JCC and approach to performance reporting is part of the Transition Plan and is likely to start in Q3 as the new leadership and team structures bed in, which has been currently delayed due to staffing challenges. ST explained that funding was available for the waiting list for Plastics and agreed to pick up an action to speak with AH outside of the meeting the bring an update to JCC on 21 January 2025. **ACTION**: ST and AH to discuss and bring back an update to JCC on 21 January 2025. PW warmly endorsed ST proposal to bring back an updated report in January 2025. There was a lot of information in the report and PW suggested to focus on the areas that JCC have concerns. ST confirmed that further discussions would take place with PW as the sub-committee Chair for the new PPF committee to ensure the reporting of key issues.

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	The Joint Commissioning Committee resolved to: • **Note** the Performance Report for services commissioned by the JCC.
JCC24/104	**4.5 Implementation of Legacy Plans – Quarter 2** ST explained that the Implementation of the Plan quarterly updates previously were presented to the Integrated Governance Committee (IGC) but the sub-committee no longer existed and therefore it was being shared for information and assurance. The Joint Commissioning Committee resolved to: • **Note** the report for assurance on delivery of the legacy plans at the end of quarter 2.
JCC24/105	**5.1 Any Other Business** SR asked for an update on the timescales for the IMTP Plan. ST suggested that a more detailed timeline would be shared on this and it will be part of the JCC strategy session in December 2024. ID explained that previously at the former WHSSC there were two processes; the first prioritisation process has been completed, which is the medicines and procedures. The second, the commissioning assessment day is taking place on 5 December 2024. JM added there will be a JCC Strategy Session on 10 December 2024 with further detail on progress with developing the IMTP. A further update will be brought to JCC for approval in January 2025 and provide a further update in March 2025. There was no other business to discuss.
JCC24/106	**5.3 Date of Next Meeting** The JCC noted that the next upcoming scheduled meeting was scheduled for the 21 January 2025.
JCC24/107	**6.4 In Committee Resolution** 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)".

The meeting concluded at 12.47

Chair's Signature: .....

Date:.....