

**Unconfirmed Minutes of the
NHS Wales Joint Commissioning Committee Meeting
held in public on
Tuesday 21 May 2024**

Microsoft "Town Hall (Live streamed)" Teams/
In Person at Charnwood Court, Nantgarw, CF15 7QZ

Members:

Ian Green	(IG)	Chair, NHS Wales JCC (in person)
Susan Elsmore	(SE)	Lay Member, NHS Wales JCC (in person)
Richard Evans	(RE)	Interim Chief Executive Officer, Swansea Bay University Health Board (UHB)
Philip Kloer	(PK)	Interim Chief Executive Officer, Hywel Dda UHB
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan UHB
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale UHB
Chris Stockport	(ST)	Executive Director of Transformation and Strategy, Betsi Cadwaladr UHB (Deputising for Carol Shillabeer)
Hayley Thomas	(HT)	Chief Executive Officer, Powys Teaching Health Board
Paul Worthington	(PW)	Lay Member, NHS Wales JCC (in person)

Associate Member:

Abigail Harris	(AH)	Interim Chief Commissioner, NHS Wales JCC (in person)
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In Attendance:

Carole Bell	(CB)	Interim Director of Nursing & Quality, NHS Wales JCC Team
Jacqui Maunder-Evans	(JME)	Committee Secretary & Associate Director of Corporate Services, NHS Wales JCC Team (in person)
Stephen Harray	(SH)	Board Director/Chief Ambulance Service Commissioner JCC Team (in person)
Nicola Johnson	(NJ)	Interim Director of Planning and Performance, NHS Wales JCC Team (in person)
Lee Leyshon	(LL)	Interim Deputy Director Communication and Engagement, NHS Wales JCC Team (in person)
Shane Mills	(SM)	Interim Clinical Director, NHS Wales JCC Team (in person)
Gwenan Roberts	(GR)	Committee Secretary, NHS Wales JCC Team
Stacey Taylor	(ST)	Director of Finance and Information, JCC Team (in person)
Ricky Thomas	(RT)	Head of Informatics, NHS Wales JCC Team

Observing:

- Aled Brown (AB) Senior Emergency Care Policy Manager, Health and Social Services Group, Welsh Government
- Rachel Marsh (RM) Executive Director of Strategy, Planning and Performance, Welsh Ambulance Service University NHS Trust (WAST)
- Nick Wood (NW) Deputy Chief Executive NHS Wales, Health and Social Services Group, Welsh Government

Apologies:

- Elizabeth (EA) Chair of the NHS Wales JCC Individual Patient Funding Request (IPFR) Panel
- Abderrahim (JK) Chief Executive, Welsh Ambulance Services University NHS Trust
- Jason Killens (JP) Chair of the Welsh Kidney Network, NHS Wales JCC Team
- Ian Phillips (NW) Lay Member, NHS Wales JCC
- Nia Roberts (CS) Chief Executive Officer, Betsi Cadwaladr UHB
- Carol Shillabeer

Minutes:

- Helen Tyler (HT) Head of Corporate Governance, NHS Wales JCC (in person)

Min Ref	Agenda Item
JCC24/020	<p>1.1 Welcome and Introductions</p> <p>The Chair, Ian Green (IG) welcomed Members and attendees to the NHS Wales Joint Commissioning Committee (JCC) Public meeting (using the Microsoft Teams Town Hall Platform) and introductions were made.</p> <p>There were no objections to the meeting being live streamed and members of the public were able to observe the meeting via the live link. The meeting was recorded and would be available on the NWJCC website. It was noted that a quorum had been achieved.</p>
JCC24/021	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted as listed above. The Chair welcome Chris Stockport who was deputising for Carol Shillabeer.</p>
JCC24/022	<p>1.3 Declarations of Interest</p> <p>The Chair acknowledged that each Health Board (HB) had an interest in a number of the agenda items and explained that any conflicts of interest would be recorded appropriately as they arose. The Chair advised that the JCC must discharge its collective duty to work collaboratively to commission services for the population of Wales and any individual member involved in making decisions that related to the JCC functions must act in accordance with this principle. The Chair also confirmed that Lay Members were in the process of</p>

Min Ref	Agenda Item
	<p>completing their declarations of interest forms and these would be made public in the near future.</p> <p>Suzanne Rankin (SK) Chief Executive Officer of CVUHB declared an interest in agenda item 2.3 – in relation to the Deep Brain Stimulation (DBS) service as a CVUHB employee acted as the gatekeeper for the service and also for agenda item 3.3, the Gender Report as the JCC commissions CVUHB to provide gender identity services for adults (non-surgical) through the Welsh Gender Service (WGS).</p> <p>No other declarations of interest were made relating to the items for discussion on the agenda.</p>
JCC24/023	<p>1.4 Minutes of Meeting held on 23 April 2024 and Matters Arising</p> <p>The minutes of the NHS Wales Joint Commissioning committee (JCC) meeting held on 23 April 2024 were approved as a true and accurate record of the meeting, subject to a minor amendment to the list of attendees.</p> <p>There was one matter arising in relation to the EMRTS Service Review item. Hayley Thomas (HT) asked Stephen Harray (SH) to confirm whether the JCC had formally written to Llais following the last JCC meeting on 23 April 2024. SH confirmed that they had written to Llais and the letter had been acknowledged and SH and his team would be meeting with Llais on 3 June 2024.</p>
JCC24/024	<p>1.5 Action Log</p> <p>Members noted the progress on the actions outlined on the action log and agreed the completion of the actions marked as 'closed'.</p>
JCC24/025	<p>2.1 Chair's Report</p> <p>The Chair's report was received, and members noted:</p> <ul style="list-style-type: none"> • JCC Induction Programme – introductory meetings had been held with key staff and stakeholders, including Lay Members, JCC Interim Directors, HB Chairs and CEOs. A local induction session and had commenced in tandem with the Welsh Government (WG) NHS Wales Induction Programme for Independent Members (IMs) taking place on 23 April, 4 June and 11 June 2024. • Appointment of Lay Members - In order to establish the new JCC the Welsh Government Public Appointments Unit undertook a public appointments recruitment process to appoint a new Chair and three independent lay members in readiness for 1 April 2024. Now that the JCC had been established and the transition process had started, Welsh Government officials had agreed to proceed with recruiting the final two lay members in accordance with the

Min Ref	Agenda Item
	<p>National Health Service Joint Commissioning Committee (Wales) Regulations 2024 and the JCC Standing Orders.</p> <p>Following a proposal put forward by the Chair, it was agreed that Paul Worthington would be assigned as the interim Audit and Finance lead for the CTMUHB Audit and Risk Committee (ARC) for hosted bodies; and that Susan Elsmore be assigned to the role of Chair of the Quality and Patient Safety Committee (QPSC) for the JCC for an interim period until the full complement of 5 lay members were appointed.</p> <ul style="list-style-type: none"> • Sub-committee structure – Discussions had been held in terms of proposals for the sub-committee structure and an update would be provided at the next meeting in order to finalise as soon as possible. • Accountable Officer Letter – The Chair confirmed that a copy of the Accountable Officer (AO) letter had been received from the Chief Executive of NHS Wales, confirming Abigail Harris’ (AH) appointment in relation to the matters relating to the JCC. The Chair agreed to share the letter on request. • Key Meetings attended by the Chair. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JCC24/026	<p>2.2 Appointment of Vice Chair</p> <p>The report proposing that a Vice Chair be appointed to the Joint Commissioning Committee (JCC) from the Lay Members was received. The aim was to ensure business continuity should the Chair be absent due to leave or for other reasons. It was agreed that Nia Roberts, Lay Member, be appointed to the role of Vice Chair of the JCC for 2 years until 30 April 2026, in accordance with section 6.1.4 the JCC Standing Orders (SOs). It was noted that the role did not attract additional remuneration.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report; and • Approve the appointment of Nia Roberts, as Vice Chair for two years.
JCC24/027	<p>2.3 Interim Chief Commissioner’s Report</p> <p>The Interim Chief Commissioner’s report was received and members noted the following updates:</p> <ul style="list-style-type: none"> • Deep Brain Stimulation (DBS) Service - DBS services for people in South Wales with Parkinson’s disease and movement

Min Ref	Agenda Item
	<p>disorders had been provided by the North Bristol NHS Trust (NBNHST).</p> <p>However, the JCC Team (formerly WHSSC) had been made aware of concerns relating to these services, particularly relating to communication for post-surgery care. Following several discussions with NBNHST, these concerns had not been resolved or brought to a timely resolution. As a result, the JCC needed to identify a temporary solution to ensure new patients from South Wales had access to high quality DBS services moving forward.</p> <p>Within this context the JCC Team had determined an urgent temporary service change was deemed necessary. This had been discussed with Llais Wales who supported the decision. A 'designated provider process' had been undertaken and an additional service provider had been designated (St George's University Hospitals NHS Foundation Trust). To minimise disruption and maintain continuity for those patients who were already in the pathway or who had undergone DBS in NBNHST, it had been agreed they would continue to receive follow-up care as planned. The report also confirmed that commissioning discussions regarding the re-establishment of access to the NBNHST would be commenced.</p> <ul style="list-style-type: none"> • JCC Integrated Medium Term Plan (IMTP) - The Interim Chief Commissioner outlined proposals for the development of the 2025/2026 JCC Integrated Medium Term Plan (IMTP) that recognised that 2024/2025 would be a transition year as the JCC became fully established. It was proposed that the plan be developed with an overarching corporate and aligned strategic intent section; with a single financial plan and three implementation plans ('chapters') for: <ol style="list-style-type: none"> 1. Ambulance and 111 Commissioning 2. Specialised Services Commissioning, and 3. Mental Health, Learning Disabilities and Vulnerable Groups Commissioning <p>The ongoing intention would be that further integration take place from 2026/2027 onwards. Work was being undertaken with the NHS Wales Directors of Planning Peer Group to identify any lessons learned from the process for this year's plans. Also, a Finance Working Group was being established by the JCC Director of Finance and Information which would integrate with the IMTP. A more detailed report on the development of the JCC's IMTP would be presented at the JCC on 16 July 2024.</p> • Non-Emergency Patient Transport Service (NEPTS) workshop - In December 2023, the former Emergency

Min Ref	Agenda Item
	<p>Ambulance Services Committee (EASC) endorsed the development of a new future vision for Non-Emergency Patient Transport Service (NEPTS).</p> <p>On 20 April 2024, the JCC Team held a NEPTS Future Vision Event. This event was the first phase in working in collaboration with NHS Wales organisations and external partners, to shape a new vision for the NEPTS in Wales. The work would be presented to the JCC for consideration at key decision points and key milestones.</p> <ul style="list-style-type: none"> <p>111 Update - responsibility for the commissioning of 111 call handling and clinical advice transferred to the JCC on 1 April 2024. The transfer went smoothly and there remained close liaison with the former 111 team now part of the team supporting the Six Goals for Urgent and Emergency Care Programme in the NHS Executive. The implementation of the new Call Answering System (CAS) in the last 10 days had been successful and service continuity had been maintained, although some temporary dips in performance had been noted. The new CAS would offer opportunities to enhance existing services and further updates on progress would be provided to the JCC.</p> <p>Adult Specialised Rehabilitation Services Commissioning Strategy - The JCC is responsible for commissioning Specialised Rehabilitation Services for neurological conditions on behalf of the seven Health Boards and services are delivered by tertiary centres across NHS sites in Wales and England. The draft commissioning strategy for adult specialised rehabilitation services sets out the JCC overall vision and priorities for the next five years to improve equitable access to high quality specialised rehabilitation services for the adult population of Wales. The draft strategy was considered by the former WHSSC Management Group in February 2024 and was supported for consideration by the former WHSSC Joint Committee in March 2024, however this was delayed due to the transition to the new JCC. The draft strategy would be finalised and would be presented to the JCC later in the year following stakeholder feedback. The final strategy would be presented to the JCC in the final quarter for approval to be reflected in the 2025/2026 IMTP.</p> <p>NHS Wales Joint Commissioning Committee Implementation - The programme of work to establish the new NHS Wales JCC came to fruition on 1 April 2024. The final WG Oversight Board meeting was held on 30 April 2024 to complete the programme arrangements. JCC members received the transitional plan for Quarter 1 2024-2025 at its meeting on 9 April 2024. As recommended in the Q1 transition plan, a Transition /</p>

Min Ref	Agenda Item
	<p>Transformation Director would be appointed to work with the Chair, Chief Commissioner, JCC and JCC Team to support the development of the JCC Operating Model.</p> <p>The Transition/ Transformation Director would bring the governance framework into operation and ensure delivery of the commissioning plans for 2024/2025; assurance reports would be reported to the JCC as appropriate.</p> <p>ACTION: Once written feedback on the former WHSSC Integrated Commissioning Plan and the EASC IMTP was received from Welsh Government, the letters would to be shared with JCC members.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JCC24/028	<p>2.4 Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review Update on Implementation Plan</p> <p>A report presenting the Joint Commissioning Committee (JCC) with an update on the implementation plan for the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review was received.</p> <p>Members noted that the JCC at its meeting on 23 April 2024, agreed to support the recommendations set out in the EMRTS Service Review report and had requested that additional detail on the implementation plan for the bespoke road-based response service be brought back to the May meeting outlining key milestones.</p> <p>Stephen Harrhy (SH) presented the report and provided assurance to members that following the decision taken on 23 April 2024, a number of pieces of correspondence had been receive, all of which had been responded to. A standard response had been developed to issue to any further correspondence that was received. SH explained that they were meeting with Heads of Engagement and Communication in HBs on a regular basis to ensure a consistent message was shared and health boards were updated.</p> <p>SH explained that the Wales Air Ambulance Charity Trust (WAACT) had welcomed the decision of the Committee to accept the recommendations of the Review. As a result of the decision, the Charity had begun active engagement with their stakeholders on the implementation of the recommendations to find a suitable base. WAACT also continued to monitor the public and stakeholder reaction to the decision and the potential impact on their income and funding position; regular updates would be provided to the JCC on any emerging risks to the Charity's operation.</p>

Min Ref	Agenda Item
	<p>SH explained that the EMRTS leadership team had welcomed the certainty the decision brought for them and their operational teams. The team were focused on the development of the operational implementation plan and supporting staff across Wales through the changes required as part of the implementation work.</p> <p>Members noted that initial discussions had been held with the Chief Executive of the Welsh Ambulance Services University NHS Trust (WAST) and the Clinical Director of EMRTS on the development of a bespoke road-based service and they had confirmed their organisational support for the development and implementation of such a service. The Task and Finish Group would lead on the development of a delivery plan for the commissioning requirements for the bespoke road-based model and would provide updates and recommendations for approval to the JCC following each meeting against the milestones. In addition, routine updates on progress against the project plan and the communication and engagement plan would also be provided. The JCC would receive the outcome of this work at the planned meeting in October 2024.</p> <p>SH concluded by providing a summary of the high level timeline and the intention to issue the Commissioning intentions by October 2024. The new service model would need to be in operation by April 2025 and the move to the new bases would take place between June and September 2026. SH explained that there would be sufficient time for the new bespoke arrangements to bed in before any base moves took place.</p> <p>In terms of the commissioning intentions SH summarised the following key points around the timeline:</p> <ul style="list-style-type: none"> • Clarity around the clinical response criteria • Clarity about the modelling that would be undertaken to define the locations (work to be undertaken during the summer 2024) • Development of the operational model as defined in the commissioning intentions developed by September 2024 (to be brought back to JCC in October 2024). <p>The Chair asked SH about his level of confidence in delivering this programme of work by the October 2024 meeting. SH explained that he was confident that the above measures could be achieved by the above timescales and SH committed to providing updates to the JCC at each meeting.</p> <p>The Chair reminded members about the concerns raised by colleagues from BCUHB, PtHB and HDdUHB at the last meeting and emphasised the need for pro-active engagement with those HBs around the shape of the service that would be commissioned.</p>

Min Ref	Agenda Item
	<p>SH reassured members of the ongoing approach to the work to ensure a collaborative approach with health board and also offered to set up specific arrangements for the three HBs if any specific concerns were not addressed within the Task and Finish Group.</p> <p>Members noted that as a result of the decision the Charity and its staff had been subject to difficult and inappropriate comments and behaviors. Susan Elsmore (SE) requested reassurance that there would be continued engagement with the Charity going forward. SH explained that this highlighted the need to have a distinct communications and engagement plan and that this needed to include EMRTS and the Charity. SH reassured members that work to develop the plan was underway and progress would also be presented to the JCC as part of the regular update.</p> <p>The Chair commented that it was important to note the challenges faced by staff and clarified that the Charity were providing additional support to its staff in response to this. This illustrated the continued strength of feeling (in some local areas) and the differing views in relation to the decision made. The continued proactive engagement would be crucial over the next few months as work to communicate the benefits of the proposal approved at the last JCC meeting was shared more widely.</p> <p>Philip Kloer (PK) thanked SH for the timeline and expressed some concern that it appeared tight especially when considering the substantial nature of the decisions that would be required to be taken during each month; and suggested the decisions would require discussion and time for reflection and consideration. PK asked if there was a separate timeline sitting behind the high level timeline as each stage would need to progress at pace.</p> <p>HT echoed PK's comments around the compressed timetable to deliver this work and suggested that an update on progress would be required at each JCC meeting against the delivery of the implementation plan as provided.</p> <p>HT asked to see the Terms of Reference to ensure clear reporting to the JCC and also requested clarification that whilst the Task and Finish Group would develop a consensus recommendation regarding the model, from a decision-making point of view the approval of any output from the Task and Finish Group would remain with the JCC. HT asked how any differences of opinion would be handled in the Task and Finish Group and how the public voice would be included in any discussions and if issues could not be resolved can they must be escalated back to the JCC at the earliest opportunity and not wait</p>

Min Ref	Agenda Item
	<p>until the final report in October 2024 to raise issues. HT also raised the importance of the communication and engagement handling, whilst appearing to be straightforward, this would take a tremendous effort to get it right and welcomed receiving a copy of the communication and engagement plan as soon as possible to understand more about the detail of the work and stakeholder involvement.</p> <p>The Chair thanked HT for the comments and outline of the steps required and agreed that the JCC would remain the decision maker.</p> <p>AH agreed that updates on progress would need to be brought back to the JCC but highlighted that no scheduled meetings of the JCC would take place in August 2024. AH suggested that there may need be an extraordinary meeting or some way of communicating during August 2024 to ensure that there was no delay and gap in the sequencing and decision making.</p> <p>SH reassured members that there would be a comprehensive project management structured plan developed to ensure progress against these actions and if needed mitigating actions would be identified and implemented. SH also agreed that the JCC would take any decision required and agreed with the need to provide regular updates to the JCC on progress. SH explained that the work with heads of communication and engagement would continue at health board level and plans or documents would be collaboratively developed to support the work. In relation to the terms of reference for the Task and Finish Group, SH suggested that these could be circulated to members to allow for any comments (outside of the JCC meetings) and agreed that a decision to approve via Chairs Action to ensure momentum could be maintained once members had the opportunity to comment. The Chair agreed that this was a sensible approach and highlighted that getting the right balance between timeliness and rigor would be the key to success in delivering the work.</p> <p>The Chair proposed that SH chair the Task and Finish Group for the JCC to ensure continuity and asked if members were comfortable with the proposed membership. No members raised any objections to the proposal for SH to Chair the Task and Finish Group.</p> <p>Paul Worthington (PW) reminded members about the ongoing petition and its likely submission to the Senedd - there were in the region of 8,500 signatures to date. Once the signatures reached 10,000 this could prompt a debate in the Senedd. Members noted that this remained a sensitive political issue.</p>

Min Ref	Agenda Item
	<p>The Chair thanked members for their comments and the Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Discuss and approve the timeline for the delivery of the commissioning approach for the bespoke road based model, • Discuss and approve the proposed membership and chair of the Task and Finish Group, • Discuss and note the public and stakeholder position in relation to the decision of the JCC, • Discuss and note the WAACT position in relation to the decision of the JCC; and • Discuss and note the EMRTS Leadership team position in relation to the decision of the JCC.
JCC24/029	<p>2.5 Neonatal Transformation Programme Phase 2</p> <p>The report providing an update on the agreed Neonatal Transformation Programme Phase 2 Review to undertake strategic planning on the service model (and designation of cots to ensure an efficient and sustainable model is in place to support optimal outcomes for the mothers and babies in Wales) was received and presented by NJ. It was noted that it had previously been agreed that the Review would be undertaken jointly between the JCC and health boards due to the need to consider neonatal and maternity services together.</p> <p>Members noted the engagement which had been undertaken with the NHS Wales Directors of Planning Peer Group (DoPs) and other Peer Groups in the course of designing the Neonatal Phase 2 Programme, including the scope and indicative timescales for the programme and the request for the resources required to successfully deliver the programme.</p> <p>Paul Mears (PM) expressed his support for this work but suggested that there was a need for a balance and the need to do a well-structured Review with the uncertainty that service reviews could bring and the potential impact of this on staffing and the workforce. PM suggested the importance of ensuring good communication and engagement with staff as a key consideration and also with the wider stakeholders and communities. PM highlighted the significant challenge with cohorts of women / mothers such as those under 25, from deprived areas and those who do not have access to transport; the needs for careful consideration that any changes should not make deprivation worse. PM repeated his support for the process but with the caveat that careful consideration in relation to engagement both in terms of staff engagement and public engagement was essential as this needed to be wider than just a clinical reconfiguration of services. Furthermore, it should also be about improving clinical and health outcome for communities.</p>

Min Ref	Agenda Item
	<p>Nicola Prygodzicz (NP) agreed that this was an important area of work and agreed with the issues of communication and engagement raised by PM and suggested the importance of having a public health representative and input on the working group and the need to future proof the service as far as possible. NP explained that post COVID they had identified that the rate of gestational diabetes, the numbers of high risk mothers and the caesarean rates had all increased significantly. NP confirmed for accuracy that the Royal Gwent and Nevill Hall were no longer midwifery-led units as referenced in the report.</p> <p>NP agreed to act as the Senior Responsible Officer (SRO) for the programme. As a former Chair of the Neonatal Network, NP confirmed that she was familiar with the current contracting arrangements and would be pleased to Chair this programme of work going forward.</p> <p>Phil Kloer (PK) agreed that neonatal and maternity care needed to be considered together as it would be difficult to disentangle these services. He agreed with PM around the sensitivities of staff and the public but this did not take away the importance of the work. PK also supported the suggestion of having public health representation to ensure that the approach was the widest possible and not only through a medical model perspective. The importance of joint working with other areas of work and highlighted the first six weeks of life and preconceptual care as examples. As a Chief Executive from a more rural based health board, PK also expressed the need to avoid developing an urban centric model.</p> <p>SR expressed her support and reflected on stakeholder engagement and co-production and expressed concern around the mortality levels for black and ethnic minority mothers and highlighted the need to ensure representation from this group. In addition, SR raised the need to consider the welfare needs of the family and highlighted the importance of accommodation so that families could sustain long stays away from their home if required.</p> <p>SR explained the importance of being clear in relation to the workforce challenges and the reality behind the staffing challenges. SR was keen to include the right people in work as unless this takes place, the mortality rates, the infection prevention control issues etc. would not improve.</p> <p>Richard Evans (RE) endorsed and agreed with previous comments made and recognised the prevalence of Type 2 diabetes and the increase in high risk pregnancies within SBUHB area.</p>

Min Ref	Agenda Item
	<p>RE agreed that the challenges in maternity units often involved recruitment challenges and undertaking a review could prompt staff to consider where they chose to work. It would be essential that maternity units were maintained to current levels pending the outcome of this Review.</p> <p>Hayley Thomas (HT) also agreed that this was an important piece of work and much needed but suggested that in terms of the scope it was also important to consider the discussions taking place across the border as well as across and within Wales. HT was keen to avoid a situation where different programmes of work could take different strategic decisions and emphasised the need to balance the all Wales view in the context and scope of the work.</p> <p>In relation to the need to ensure the engagement would be as fully inclusive as possible, PM questioned whether there was a need to establish an engagement or reference group which would bring together diverse groups from the population to provide their unique perspectives. The process could fail without the proper engagement and this could take the form of a sub-group. PM also asked where the NHS Executive and Networks would fit as part of this process to ensure they were aligned. Also, early conversations with the Welsh Government regarding any implications around estate, capital planning, equipment costs, additional capacity and staffing would be required.</p> <p>PW agreed with the comments made previously and echoed the need for effective programme support and access to expertise to understand the data would be key as the geography of the area was complex. PW also shared concerns around the uncertainty for staff as proposals for service model changes would be reported in 2026. This was a long period to manage uncertainty and could lead to clinical risk. The engagement would need to be well managed and comprehensive as there would be a need to involve lots of stakeholders.</p> <p>AH agreed with the comments around the importance of effective engagement and the need to liaise with Llais early on in the process. The proposal to secure additional independent advice and support in respect of the engagement work stream was also reinforced. The need to reflect issues of equality, equity and diversity in the work was also emphasised. AH reassured members that an Equality Impact Assessment would be used to inform the approach at the earliest stage. It was agreed that a Programme Initiation Document would be produced and presented to the JCC for approval.</p>

Min Ref	Agenda Item
	<p>AH also welcomed the suggestions of involving public health to ensure a population health focus and to ensure that issues from all of the diverse communities that this programme of work needs to represent were reflected. There remained an action for the JCC in relation to how more public health input is obtained and this was a good example of why this was needed to help inform the JCC work.</p> <p>NJ thanked members for their unanimous support for this high priority programme of work and thanked NP for volunteering to lead the programme as Senior Responsible Officer.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the previous agreement by the then WHSSC Joint Committee to undertake a Phase 2 Transformation Programme for Neonatal Services, • Note the pre-planning engagement that has taken place to design the Programme and develop the Case for Change, • Approve the scope, remit and high-level design of the Programme; and • Approve the financial resource requirements to support the successful delivery of the Programme.
JCC24/029	<p>3.1 Performance Reports EASC Performance (including Ambulance Service indicators) – March 2024</p> <p>The Interim Chief Commissioner introduced the report and set out that the sections of the report reflected the style and content developed in the predecessor committees. Work would be undertaken with the JCC to determine how the integrated performance report should be developed over time to reflect the full remit of the JCC.</p> <p>The Chair agreed and acknowledged that the current reports were developed for the predecessor committees and he was keen to obtain feedback on what members would find helpful to include as part of the Integrated Performance Report to provide the JCC with assurance. AH also explained that work on the JCC sub-committee structures would begin shortly and this will help inform the content of the report as some of the detail could be reported via the Planning and Performance Committee once this is established.</p> <p>SH provided members with a reminder of the Ambulance performance indicators. Members received an update on performance up until 31 March 2024 for the former Emergency Ambulance Services Committee (EASC) and members noted the additional key performance indicators for 2024/2025 recently introduced by the Welsh Government (WG).</p>

Min Ref	Agenda Item
	<p>Members noted the Ambulance Service Indicators (ASIs), the ambulance performance dashboard, the immediate release requests and the Integrated Commissioning Action Plan (ICAP) actions aligned to the goals of the Six Goals for Urgent and Emergency Care Programme.</p> <p>Members noted that the NHS Wales Chief Executive had written to all health boards, WAST and Velindre University NHS Trust (VUNT) on 7 May 2024 in relation to Key Performance Indicators and that there was an expectation that all organisations set out a clear improvement trajectory against each to achieve milestones by December 2024 and March 2025.</p> <p>Members noted that for Ambulance and 111, whilst some improvements were being made, within the ASIs and the Performance Dashboard there were a number of areas of concern regarding response performance and lost hours and the resulting impact on patient care. SH highlighted some of the key data from the reports including that the Wales national target for a response arriving to RED calls in 8 minutes was 65%, the figure reported for March 2024 was 48.9%. The median response time for responding to AMBER calls was 1 hour 29 minutes against a target of 30 minutes.</p> <p>SH highlighted the investment made in community first responders which was having a positive impact particularly in rural areas.</p> <p>In terms of demand for 999 calls and those classed as RED this was increasing. SH explained that this was partly due to the categorization of red calls and the ambulance service was also responding to more red calls within 8 minutes but because the demand had increased the overall percentage figure achieved was lower.</p> <p>SH was disappointed to report that the 'hear and treat' figure was down slightly by 0.2%. In addition, hospital conveyance was reducing overall but there was significant local variation.</p> <p>Handover hours lost were around 23,500 in March 2024. This was concerning as there was now a new target introduced by the Cabinet Secretary to reduce the number of ambulances waiting more than one hour by 25% by December 2024. This would equate to a figure of 18,130 lost hours and such an improvement had not been achieved previously so there was a need for the whole system to maximize efforts in order to deliver against the new improvement trajectory set by Welsh Government.</p> <p>SH highlighted the areas that they were targeting with WAST which included red dispatch and allocation of resources. He explained that</p>

Min Ref	Agenda Item
	<p>there would be opportunities for improvements using the commissioning process as the JCC commissioned both 111 and 999 services.</p> <p>Members requested a deep dive into ambulance and 111 services at the next JCC meeting and discussed the approach to performance with WAST. Members agreed to develop a revised red performance indicator action plan in conjunction with WAST and agreed to discuss the ICAP with each HB with a view to focussing on the following priorities:</p> <ul style="list-style-type: none"> • Flow in hospitals • Targeting patients with breathing difficulties and individuals who have fallen to avoid unnecessary hospital attendances and admissions – use care homes as a start point • Targeting mental health patients to avoid an increase in demand from changes to regulations • Understanding the impact and potential of all of the above • Collating and sharing best practice, and • Developing trajectories for approval by the JCC. <p>Members noted the integrated overview of the performance of specialised services commissioned by the former WHSSC up to the end of February 2024.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the former EASC performance report and Ambulance Service Indicators (ASI) for month 12 2023/2024, • Note the former WHSSC performance report for month 11 2023/2024; and • Note the Welsh Government additional targets for 2024/2025.
JCC24/031	<p>3.2.1 Financial Performance Report Month 12 – EASC and WHSSC</p> <p>The financial performance reports for month 12 2023-2024 for the former EASC and WHSSC were received for information and completeness and the summary was presented by ST.</p> <p>Members noted the outturn position for both former Joint Committees as being a small overspend for EASC of £0.026m and an underspend for WHSSC of £6.121m as per the anticipated forecasts reported through the committees throughout 2023/24.</p> <p>In addition, ST briefly updated that for Month 1 of 2024/25, the financial position for the new NWJCC reflected the latest activity information available (that being month 12 for most provider contracts) or the financial plan position that had been agreed at the previous Joint Committees. ST explained that the team were actively</p>

Min Ref	Agenda Item
	<p>working with provider finance teams to assess the provider proposals against the commissioner funding available, with the aim of approving Heads of Agreement by the 28 June 2024. Members noted that this was not without risk but ST explained that the Committee would be updated as the discussions progressed.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the 2023/24 financial year-end position of the former EASC; and • Note the 2023/24 financial year-end position of the former WHSSC.
JCC24/032	<p>3.3 Gender Identity Services for Children and Young – Final Report of the Cass Review</p> <p>A report providing an update on the final report on the independent review led by Dr Hilary Cass OBE which was commissioned by NHS England and NHS Improvement in 2020 to make recommendations on the services provided to children and young people who were exploring their gender identity or experiencing gender incongruence was received and presented by Carole Bell (CB).</p> <p>Members noted that the aim of the Cass Review was to ensure that children and young people who were questioning their gender identity or experiencing gender dysphoria and who needed support from the NHS, received a high standard of care that met their needs and was safe, holistic and effective. It was noted that services for children and young people were commissioned from providers in England.</p> <p>CB reminded members that the JCC commissioned CVUHB to provide gender identity services for adults (non-surgical) through the Welsh Gender Service (WGS) and whilst this service was commissioned in Wales, in light of the Cass Review which recommended a review of adult services, it was proposed that the NHS Wales JCC work with NHS England in the review of the service specification for adult services (non-surgical). It was noted that the Welsh specification was due for review in July 2024.</p> <p>The Chair thanked CB for the summary of the report and recognised the need for sensitivity during discussions due to the issues involving vulnerable young people as well as an awareness of any potential conflict and alignment with the Welsh Government LGBT action plan. The Chair also highlighted that work was still required within Wales regarding timely access for children and young people as well as considering any implications for adults.</p>

Min Ref	Agenda Item
	<p>SR acknowledged that this was a potentially challenging discussion with some polarised views. SR explained that some of the CVUHB clinicians questioned whether adopting the Cass Review recommendations was appropriate for Wales as other devolved nations may be taking a different approach. SR queried if any alternative approaches had been considered in the form of some clarity around what options were considered before a commitment was made to following the English model.</p> <p>SR asked if the WG letter could be shared with JCC members.</p> <p>HT echoed SRs comments and welcomed further discussion on how the public consultation elements could be handled recognising that there were a lot of stakeholders and this was a sensitive issue with polarised views. HT welcomed further information in relation to public consultation on the use of gender affirming hormones in addition to the broader service specification work and requested clarity on the approach to ensure the approach to listening to the population of Wales. In addition, HT was concerned about the 259 children and young people who were already waiting for services and the report mentioned that the waiting times to access the service could increase. HT asked if there was clarity on the risks and potential harm that could arise as a consequence of the potential increased waiting times.</p> <p>CB responded and explained that work has been undertaken and a Youth Advisory Forum has been established with Welsh representation and CB agreed that ensuring Wales was represented and heard was essential as well as ensuring Welsh patients could take part. CB explained that the evidence base was still relatively limited. There was a query in relation to the position in Scotland and CB agreed to look into this matter further and update the members.</p> <p>Chris Stockport (CS) supported SR's comments and agreed that there could be some value in considering an options appraisal approach rather than just following the English position as there were also clinicians in BCU who had expressed different views.</p> <p>Shane Mills (SM) commented that it was important to ensure that the children and young people currently waiting for services should be offered emotional and mental health support and the need to assure members that this was being provided locally. CB confirmed that young people were referred to the English provider via CAMH services and were supported along the pathway.</p> <p>The Chair thanked members for their comments and queries and confirmed that the report was a helpful start to this important conversation but more information was required before the JCC would</p>

Min Ref	Agenda Item
	<p>be in a position to fully endorse the Cass Review recommendations. Members agreed that further information was required including clinical engagement and clarity around the position from other devolved nations. It was agreed that a further report be received at the next meeting capturing the discussions held.</p> <p>CB agreed and highlighted that she was keen to engage with clinicians who held a different view on how the service could be taken forward but ultimately this related to Children’s services and the clinical model for delivering an adult gender service was different; children and young people’s gender services were different. CB also reminded Members that the interim Cass Review had been considered by the former WHSSC JC and this included discussion and reference to services being aligned to children services and the Children’s Hospital for Wales.</p> <p>HT agreed that what was set out was a helpful approach but highlighted that the report did make reference to the systematic review of the adult service. Also, HT commented that the consultation work would fit in with the delivery element against those recommendations.</p> <p>AH thanked members for their contributions and agreed that more work would be undertaken on the Cass Review recommendations which would include checking whether there was any further evidence or intelligence for members whilst also clarifying the UK-wide position. It was important to listen to all views but there was a need to ensure a very strong focus on the needs of children and young people. AH also referred to the need to ensure that the JCC does not destabilize the pathways into the new providers to avoid increasing delays. Also, in terms of the service specification the need to make sure colleagues were familiar with these in alignment to both CAMH services and Paediatric services. AH agreed to circulate the letter from WG and members noted that unfortunately it was received after the JCC papers had been circulated.</p> <p>ACTION: The WG letter relating to Gender to be shared with JCC members.</p> <p>ACTION: Further information to be provided regarding the position of other devolved nations and evidence informing review and approach to commissioning.</p> <p>AH also suggested setting up a discrete Task and Finish Group to respond to some of the issues raised at the meeting and AH felt it would be really important to involve SR as the Chief Executive of Cardiff and Vale UHB which provided the Children’s Hospital for Wales</p>

Min Ref	Agenda Item
	<p>and the adult gender service. Members agreed with the approach as outlined above.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the recommendations of the Cass Review and the continued alignment of the NHS Wales Joint JCC with the NHS England Implementation Plan • Note the Cabinet Secretary's direction that the Welsh Gender Service fully co-operates in the delivery of the data linkage study • Note the implications for CAMHS which may require additional resources outside of the commissioned service, and • Note that the NHS Wales Joint Commissioning Committee has written to Health Education and Improvement Wales (HEIW) to set up a working group to consider current training available for gender care. This work would include linking with the work being undertaken by NHS England to ensure consistency of approach and access to training materials. • Agree to a small task and finish group to address the issues raised in the meeting and to report back to the next JCC meeting.
JCC24/033	<p>3.4 Work Plan and Performance Update for Mental Health and Learning Disabilities</p> <p>A report highlighting the work to date and outlining the programme of work for 2024/25 in relation to mental health and learning disability services for the former National Collaborative Commissioning Unit (NCCU) was received and highlights were presented by Shane Mills (SM).</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the Work Plan and Performance Update for Mental Health and Learning Disabilities previously part of the National Collaborative Commissioning Unit.
JCC24/034	<p>3.5 Corporate Governance Report</p> <p>A report providing an update on corporate governance matters that had arisen since the previous meeting was received.</p> <p>Reports from the following were received and taken as read:</p> <ul style="list-style-type: none"> • The Annual Plan of Committee business for 2024-2025 • Former WHSSC Management Group Annual Report • Former WHSSC Quality and Patient Safety Committee Annual Report • Welsh Kidney Network Annual Report • Individual Patient Funding Request Annual Report

Min Ref	Agenda Item
	<ul style="list-style-type: none"> • Integrated Governance Committee Annual Report • Former EASC Annual Governance Statement • Former WHSSC Annual Governance Statement • Former NCCU Annual Compliance Governance Statement, and • Audit Enquiries Letter for the former EASC and WHSSC. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report • Approve the JCCs Annual Plan of Committee business for 2024-2025 • Approve the Annual Governance Statements 2023-2024 for EASC and WHSSC, and the Annual Compliance Governance Statement for the NCCU 2023-2024, • Review the responses prepared for the former EASC and WHSSC Annual Audit Enquiries Letter responses for 2023-2024 and, subject to any required amendment, endorse for onward submission to Audit Wales, and • Note the update on the development of the JCC hosting agreement and memorandum of agreement.
JCC24/035	<p>4.1 Reports from the WHSSC Joint Sub-Committees</p> <p>Reports from the following WHSSC Joint Sub-Committees were received and taken as read:</p> <ul style="list-style-type: none"> • Audit and Risk Committee (ARC) Assurance Reports • Former WHSSC Management Group Briefings • Individual Patient Funding Request (IPFR) Panel • Integrated Governance Committee (IGC) • Quality & Patient Safety Committee (QPSC) • Welsh Kidney Network (WKN) <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the reports.
JCC24/036	<p>5.1 Any Other Business</p> <p>There was no other business to discuss.</p>
JCC24/037	<p>4.2 Date of Next Meeting (Scheduled)</p> <p>The JCC noted that the next scheduled meeting would be held on 16 July 2024.</p>
JCC24/038	<p>4.3 In Committee Resolution</p> <p>The Joint 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</p>

Min Ref	Agenda Item
	which would be prejudicial to the public interest” (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)”.

Chair’s Signature:

Date:.....

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