



**Minutes of the JCC
Planning Performance and Finance Sub-Committee (PPF)
11 February 2025 at 13:30 hrs
In Person and by Microsoft Teams**

Members:

Paul Worthington (PW) PPF Chair and Lay Member, NHS Wales JCC
 Ian Green (IG) Vice Chair and Lay Member, NHS Wales JCC
 Nia Roberts (NR) Lay Member, NHS Wales JCC
 Hayley Thomas (HT) Chief Executive Officer, Powys teaching Health Board

In Attendance:

Claire Harding (CH) Interim Director of Planning, NHS Wales JCC
 Gwen Kohler (GK) Deputy Director of Finance and Information, NHS Wales JCC
 Jacqui Maunder (JM) Committee Secretary and Associate Director of Corporate Services, NHS Wales JCC
 Helen Tyler (HT) Head of Corporate Governance, NHS Wales JCC
 Stacey Taylor (ST) Interim Chief Commissioner, NHS Wales JCC
 Sandra Tallon (STa) Assistant Director of Finance, NHS Wales JCC

Apologies:

Abigail Harris (AH) Chief Executive Officer, Swansea Bay UHB

Minutes:

Karla Williams (KWi) Interim Corporate Governance Officer, NHS Wales JCC

The meeting opened at 13:30 hrs.

Item Ref	Agenda Item
PPF25/001	1.1 Welcome and Introductions The meeting was held via Microsoft Teams and in person at Charnwood Large Meeting Room. It was noted that a quorum had been achieved. No objections were raised to the meeting being recorded for administrative purposes. Introductions were made.
PPF25/002	1.2 Apologies for Absence Apologies were noted as above. Hayley Thomas (HT) confirmed that she was attending as Abigail Harris's deputy.
PPF25/003	1.3 Declarations of Interest There were no additional declarations of interest apart from those already registered.
PPF25/004	2.1 Planning, Performance and Finance Sub-Committee Terms of Reference



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	<p>Members received an overview on the Terms of Reference (ToR) for the new sub-committee. Jacqueline Maunder (JM) highlighted the importance of setting the scene for the inaugural meeting. The ToR were approved by the seven Health Board (HB) boards in September 2024 and January 2025 with minor updates.</p> <p>Nia Roberts (NR) expressed concern about the low level of Chief Executive membership and queried whether this would provide sufficient oversight. NR also questioned the adequacy of having only two lay members for quorum. Ian Green (IG) suggested allowing the terms of reference to operate in their current form but recommended a six-month review to assess their effectiveness, considering the concerns raised. Members agreed that this was a sensible and pragmatic approach.</p>
PPF25/005	<p>2.2 Forward Plan of Business 2025-2026</p> <p>The forward plan of business for the next twelve months was presented. JM confirmed that this was a draft and subject to change. Members noted the alignment with JCC meetings and the annual plan of business. ST highlighted that the Welsh Government Financial Allocation letters were noted on the work programme for 11 February 2025, but these were not on the agenda. ST suggested that she would circulate these to ensure members were sighted.</p> <p>ACTION: Circulate the Financial Allocation letters.</p> <p>Hayley Thomas (HT) raised a question about the Commissioning Assurance Framework (CAF) and the consultation and engagement protocol, seeking assurance on the frequency of reporting against these elements as she assumed that their inclusion on the work plan represented the required annual reviews. HT asked how this sub-committee would receive assurance against these elements.</p> <p>JM stated that the JCC must work on the CAF and the strategy throughout next year. Therefore, it represents an Agenda item for initial discussion in April 2025. Similarly, regarding performance, the JCC need to develop a performance report suitable for the new organisation to provide assurance to the sub-committee members and subsequently to the JCC. JM confirmed that Claire Harding (CH) was leading on the Consultation and Engagement work and a small task and finish group will be established to progress this work before presenting it to the JCC for approval.</p> <p>The Chair thanked JM for the update and noted that several items will recur regularly in meetings. It was suggested there will be a need to indicate the purpose of each item.</p>



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	<p>Suggestions were made to clarify the meaning of "ticks" in the work plan and to review the ToR in 6 months.</p> <p>ACTION: Incorporate the review of the ToR into the work plan and to ensure clarity in the documentation of the work plan items.</p>
PPF25/006	<p>2.3 Implementation of JCC Adopted Plans – Quarter 3</p> <p>Members received an update on the implementation of adopted legacy plans. CH reminded members that on 1 April 2024, the JCC inherited 3 extant plans from the predecessor organisations. The reports will be submitted to Welsh Government (WG) as a quarterly report against delivery of the existing plans. CH provided a high-level outline of the Quarter 3 position and highlighted the following:</p> <ul style="list-style-type: none">• Within specialised services, of the 31 deliverables, 17 have been delivered and 14 reprofiled;• Within EASC, of the 9 deliverables, 6 have been delivered and three reprofiled;• Within Mental Health, of the 6 deliverables, 5 have been delivered and 1 reprofiled. <p>CH highlighted the progress and areas of slippage. Some of the delays were related to WG decisions, some were attributable to delays receiving information from the providers whilst other delays were related to capacity within the JCC. The majority of reprofiled schemes remained on target for delivery within Quarter 4 with some being rolled forward to Quarter 1 of 2025/2026.</p> <p>The Chair and HT raised questions about the delivery confidence assessment and the impact of slippage on the overall prioritisation for the next financial year. The Chair was concerned that there appeared a lot of work to conclude within Quarter 4 and asked if there was sufficient capacity to prioritise and deliver successfully. CH reassured members that the team was working on a risk-based plan and prioritising tasks accordingly, despite the ambitious agenda and limited resources. CH highlighted however, that this work plan did not yet capture the transformation work that was also required.</p> <p>HT explained that she has observed this issue within her own organisation, particularly with schemes being carried forward into the next financial year. She asked how these schemes align with the overall prioritisation, noting that situations and contexts can change, often leading to more urgent priorities. HT also questioned where this fits in with setting the plan, and the RAG rating, noting it reflected a delayed start rather than the completion of the action. HT suggested using the RAG rating to assess delivery confidence, as delays may stem from broader issues.</p>



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	<p>CH agreed and explained that starting next year, the RAG reporting will be standardised and align with delivery confidence.</p> <p>NR agreed with HT but asked if anything should be discontinued. CH noted that some schemes included reviews built into the work plans rather than direct service change. CH acknowledged the feedback and agreed to clarify the patient impact of the delays in the next report. The Chair agreed as he questioned if there were any red or ambers that the Committee should be escalating.</p> <p>IG reiterated the previous comments and requested that any patient impact be highlighted. IG noted that this was an opportunity to review any delayed schemes in the context of next year's priorities. IG requested that future reports include a focus on patient safety and long-term strategic planning. The Chair agreed and requested further clarification on the decision-making process for reprioritising and re-profiling.</p> <p>CH assured members that the Collaborative Commissioning Leadership Group (CCLG) had discussed the impact and consequences of financial scenarios. CH explained that these reprofiled schemes had undergone a STEEP assessment.</p> <p>The Chair asked about secure mental health services since this issue seems to be a recurring concern that needs attention. CH assured that the delay was due to the need for a thorough review, not implementation capacity.</p> <p>ST noted that medium secure provision was part of next year's transformation programme. ST emphasised the importance of the JCC focusing on a few major projects and completing them, rather than undertaking numerous smaller tasks. ST agreed to reflect on the feedback to ensure these reports adequately assure this sub-committee.</p>
PPF25/007	<p>3.1 NHS Wales Planning Guidance & Refresh of A Healthier Wales</p> <p>Members received a summary of recent documents, including the update on A Healthier Wales and the NHS Wales Planning Framework guidance. The report assesses their impact on the JCC's inaugural plan. Discussions focused on the need for prioritisation, regional solutions, and managing demand in an environment of scarcity. The importance of aligning with the Minister's direction and the need for a strategic step back were highlighted.</p> <p>HT discussed the 1.77% uplift to be given to providers. Additionally, there was an expectation of a 2% minimum savings requirement. HT noted the potential implications for the JCC and acknowledged that this</p>



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	<p>could present a challenge. Secondly, regarding the evaluation of the JCC role against the planning guidance, several references to regional solutions were made. Another focus was on referral management and addressing demand within a context of limited resources. HT also questioned how as a JCC we focus on prevention and how the JCC ensures core risks will be addressed to submit an approvable plan.</p> <p>CH provided an update on recent discussions with Public Health Wales regarding the enhancement of health promotion and prevention measures.</p> <p>The Chair noted that a key area of prevention for the JCC involved WAST and meeting targets for red emergency callouts and ambulance handovers.</p> <p>IG expressed his gratitude for the significant efforts made to bring the JCC to this stage of the planning cycle. He noted that developing the IMTP involves several interdependencies with the seven HBs, each with their own planning cycles, which adds an additional layer of complexity to the process. IG noted the importance of focusing on productivity and creating space for strategic discussions to support the health needs of Wales. It was also necessary to acknowledge potential tensions with HB colleagues.</p> <p>ST reported on the productive discussions with HBs and explained that the JCC team were continuing to work towards developing an approvable plan in this challenging financial environment. ST agreed that it will be essential to step back and reflect whether the JCC are commissioning the right services from the right places. ST informed members that the most likely recommendation will be for a one-year plan instead of a three-year Integrated Medium-Term Plan (IMTP). ST explained that this proposal had been discussed with Directors of Finance (DOFs) and Directors of Planning (DOPs), and ST will also have further discussions with the NHS Executive and WG colleagues but there was support for this approach.</p> <p>ST explained that the approach would likely involve an Accountable Officer letter outlining a risk-based plan that exceeds the 1.77% uplift, whilst recognising that decisions will need to be made regarding equity and the differences between England and Wales. HT acknowledged that inequity was a significant concern in Powys, and addressing the cross-border commissioning issue was a priority. HT expressed a willingness to collaborate with the JCC on addressing some of these matters.</p> <p>ST added that it would be useful to pick up a conversation on productivity and what this looks like at a future meeting.</p>



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	<p>NR noted that, for strategic use, it will be essential to differentiate between the mandatory tasks and other desirable items that should be considered during the commissioning of services. NR also conveyed some reservations regarding the inclusion of these additional tasks to an already extensive workload.</p>
PPF25/008	<p>3.2 Joint Commissioning Committee Integrated Medium Term Plan (IMTP) 2025-2028 Development</p> <p>Members received a high-level presentation on the IMTP development, noting the need for a risk-based plan and the importance was emphasised of balancing investment with resources and transparency alongside managing risks.</p> <p>CH outlined three financial scenarios; 1.77% uplift, 1.77% plus minimum investment, and 1.77% plus full risk-based investment, advising it was important to balance investment with resources. CH also highlighted the importance of the transformation agenda.</p> <p>CH provided members with an update on the conversation with the CCGGL earlier that day and the useful discussions around the inherent risks in the system with each of the scenarios.</p> <p>ST discussed the next steps and outlined some key arrears:</p> <ul style="list-style-type: none">• How do we maximise the use of our contracts;• Productivity and benchmarking;• Pathways;• Value Based Approach;• Referral Management (cross border);• Reviews including Cardiac, Neo-natal and Mental Health; and• Developing a JCC Strategy. <p>ST mentioned that a complete plan would cover the listed tasks, a 4-5% increase, and a high-risk savings program. ST noted that in the context of the financial settlement of a 1.77% uplift, this was a challenging discussion. While HBs might find this unaffordable, any amount lower than this would lead to a considerable overspend from 1 April 2025. ST highlighted the importance of the next JCC strategy session in obtaining HB feedback and guidance before having further discussions with WG.</p> <p>Members discussed the challenges of developing the IMTP, including the need to manage risks, prioritise tasks, and ensure clear intentions in the plan.</p> <p>The Chair thanked CH and ST for the presentation, highlighting its usefulness in discussing emerging issues early and providing assurance on the process and next steps.</p>



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	<p>IG agreed that the JCC Strategy Session would be crucial for discussing principles with HB colleagues and clarifying consequences before presenting the IMTP for approval at the March 2025 JCC meeting. IG believed all preliminary work was done, and it was time for collective decisions. Although some decisions may be difficult, it is important to inform members about the consequences of not making key decisions.</p> <p>HT acknowledged the impact on service and noted the broader implications regarding the affordability of the overall investment for HBs as outlined in the plan. HT mentioned that efficiency and productivity were important considerations.</p> <p>ST explained that Options 2 and 3 included an additional £11.5 million of provider savings in addition to the 2.5%. When these figures were presented to WG, DoFs, and DoPs they indicated low confidence in achieving this outcome. This is why it has been presented as a risk.</p> <p>ST updated members on the CCLG discussion about seeking extra savings from WAST to support specialised services' cost pressures. There were questions about reallocating funds across portfolios, which will need to be discussed at the JCC.</p> <p>Members agreed on the importance of making clear decisions and ensuring transparency in the decision-making process, with a focus on managing risks and prioritising tasks effectively.</p>
PPF25/009	<p>4.1 JCC Risk Register – Risks Assigned to the PPF</p> <p>Members received a verbal update on the risk register, noting there was ongoing work to strengthen and develop the register alongside the development of a risk appetite statement and a risk management framework.</p> <p>JM highlighted the importance of assigning key risks to sub-committees for monitoring and scrutiny with a plan to present a written report at the next sub-committee meeting in April 2025.</p> <p>Members discussed some of the key challenges and JM welcomed the feedback. JM highlighted that CTMUHB had requested a presentation on the Ambulance Risks, and this would be presented to the February 2025 Audit & Risk Committee (ARC) meeting.</p>
PPF25/010	<p>5.1 JCC Financial Performance Report – Month 9 2024-2025</p> <p>Members were informed of a forecast deficit of £5.7 million at Month 9. Gwen Kohler (GK) noted that despite mitigation efforts, the financial position has remained unchanged in recent months. GK noted that the</p>



Item Ref	Agenda Item
	<p>risk associated with not receiving the expected income for activity in NHS England has now been resolved; WG has confirmed non-recurrent funding of £8.8 million to cover the costs related to this activity, thereby mitigating the financial risk for the current year. Although this news is positive, IG noted that the funds will need to be processed through HBs, rather than being allocated directly to the JCC, which does complicate the procedure.</p> <p>HT emphasised the importance of engaging in proactive discussions with WG earlier in the process to ensure clarity on future funding for activity in NHS England, in order to mitigate similar financial risks and to ensure correct assumptions. HT inquired about the impact of the £8.8 million funding on the forecast deficit. GK clarified that the forecast deficit of £5.7 million excluded the English activity issue, but the funding would help prevent the deficit from increasing further.</p> <p>ST advised that the assumptions regarding the JCC's interpretation in England have been clearly outlined to WG as part of the process noting that over time, some of the details had become unclear and discussions have been overtaken. The JCC will continue discussions with WG on the assumptions for the plan for next year to ensure accurate data reporting.</p> <p>ST also noted that members discussed this approach in the CCLG and members suggested establishing a point of contact within the JCC to facilitate these conversations with WG.</p>
PPF25/011	<p>5.2 JCC Performance Report – December 2024</p> <p>The performance report for December 2024 was received.</p> <p>The Chair noted this report was presented to JCC Board on 21 January 2025, highlighting there was a need for discussion on an updated integrated performance report but also conscious of the need to avoid creating duplication and limiting the need for additional work, and asked what members thoughts were on receiving this within the sub-committee. The Chair suggested an updated streamlined performance reporting with key indicators.</p> <p>ST noted that the performance report would be presented to the PPF sub-committee before going to the JC to ensure scrutiny and assurance.</p> <p>IG confirmed that it was unnecessary to review a report that the JCC has already seen, as this committee is set up to provide the JCC with assurance. Therefore, he agreed that the report should go to the PPF sub-committee first.</p> <p>The timelines for this process would need to be reviewed and discussed.</p>



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	<p>ACTION: Discuss the timelines to ensure reports are reviewed at sub-committees before being presented to JCC.</p>
PPF25/012	<p>5.3 Service Change Update</p> <p>CH provided an overview on the position against current service changes across the JCC portfolio. The same updates have been shared with Llais at its quarterly interface meeting. Members noted that, except for Recommendation 4, all service changes fall within the specialised services portfolio.</p> <p>ACTION: Circulate service change update paper once finalised.</p> <p>CH provided an update on the work currently underway between HBs and the JCC to develop a consultation and engagement framework.</p> <p>HT asked how we should formalise the interface and reporting with Llais. HBs typically receive regional director reports through internal governance. HT inquired if there had been discussions with Llais about sharing their national insights with the JCC.</p> <p>CH acknowledged the importance of having a Llais representative present at the JCC meeting, and stated that she would discuss this matter with the Llais representative, Angela Mutlow (AM), and ensure that it is incorporated into the framework.</p>
PPF25/013	<p>6.1 Any Other Business</p> <p>There was no other business to discuss.</p>
PPF25/014	<p>6.2 Items to be deferred/escalated to the Joint Commissioning Committee / other Sub-Committees and review of any actions to future meetings</p> <p>There were no items to be deferred or escalated on this occasion.</p>
PPF25/015	<p>7.5 Date of Next Meeting</p> <p>The meeting closed at 16:00pm. The next meeting is scheduled for 8 April 2025.</p>