




REQUIREMENTS OF NHS PLANNING GUIDANCE 2025-2028







Sources:

1. **A Healthier Wales refreshed actions**
2. **Cabinet Secretary letter to Chairs**
3. **Appendix of measures,**
4. **Appendix of enablers**
5. **Director General letter to CEOs**
6. **Technical Planning Guidance**

Key:

JCC Commissioning responsibility	
Not a JCC Commissioned area (NA)	
To be determined	

1. A Healthier Wales Refreshed actions

SOURCE	WHAT	JCC RELEVANCE	PART OF PLAN ADDRESSED
1	Promote a collective responsibility to maintain good health for individuals, communities and the health and social care system with a focus on preventing the onset of poor health and disease and on identifying and intervening early where disease occurs		Population Health
1	Ensure that all citizens can receive timely health and care services equitably, regardless of the language or communication format they need		Strategic Commissioning Principles
1	Embed action on the climate emergency in decision-making and plans across the health and social care system		Strategic context
1	Reduce health inequalities by ensuring equality of access to the health and social care system to achieve equity of outcomes		Strategic context & Strategic Commissioning Principles
1	Standardise and reduce variation in pathways, service models and processes, through implementing standardised models and maximising the use of technology on a once for Wales basis		Strategic commissioning principles and section on value recommissioning and efficiency
1	Through Primary, Community and Social Care services, help people stay well at or closer to home, through an integrated approach to improving the nation’s health and wellness. With a focus on rehabilitation, reablement and recovery, provide active support to keep people healthy and maintain independence		N/A – although reflect in opportunities for pathway development

1	Establish and deliver against clear visions and plans for women's health and children's health from pre-birth to end of life		Specialist Services Commissioning chapter and also strategic context
1	Through the national direction of the Value & Sustainability Board embed a value-based health care approach across the system to focus on how we use our resources wisely to get the best possible evidenced based outcomes for patients		Sections on value and resource utilisation
1	Ensure Health and Social Care in Wales achieves its vision to provide an equitable whole system person centred approach, delivering more equal health and wellbeing outcomes for the population of Wales		Strategic commissioning principles
1	Drive the containment, control and mitigation of Antimicrobial Resistance (AMR) in Wales, the UK, and beyond		
1	Prevent and detect disease and illness earlier to improve individual and population health outcomes through targeted health screening, delivery of the National Immunisation Framework for Wales and delivering against the World Health Organisation targets for disease elimination		
1	Continue to implement an integrated community care system for Wales that delivers seamless place-based care planned and delivered around the needs of individuals and groups of people		
1	Embed A Healthier Wales into a National Plan, which can then be translated for the NHS through the planning framework cascading into planning at the national, regional and local level		Strategic context
1	Maximise the use of the NHS Executive to drive improvements in the quality and safety of care		Strategic Context
1	Build and strengthen the health protection system to prevent, prepare and respond to existing and future health protection threats, including pandemics, on an 'all hazards' basis		
1	Create an age friendly Wales that supports people of all ages to live, age and die well		
1	Recover, reset and transform planned care services by focusing on clearing the backlog of those waiting for treatment, resetting the service with a focus on a value-led and efficient service model and driving transformation by embedding sustainable services		Ambition within strategic context and or performance section Specialist services commissioning chapter

			Mental health commissioning chapter
1	Towards a National Care and Support Service for Wales		
1	Ensure that NHS Wales provides the very best care for patients at all times through the performance, oversight and escalation framework		Strategic Context
1	Ensure partnership arrangements at national, regional and local levels drive system change, efficiency and sustainability through collaboration and a 'one Welsh public service' approach		Strategic context/transformation overview & where relevant through commissioning chapters
1	Deploy with industry partners, proven clinical systems, electronic care records and medical technologies to deliver greater standardisation of care pathways, improved productivity and support clinicians and professionals in decision making and enable wider population health planning		Strategic context/transformation overview & where relevant through commissioning chapters
1	Deliver an inclusive, flexible, multi-professional workforce able to work across sectors and traditional boundaries by ensuring the Workforce Strategy is implemented and underpinned by excellent workforce data and planning to attract, recruit and retain talented people to train, work and live in Wales		
1	Strengthen research capacity and capability, and raise awareness of research across the health and social care sectors by developing targeted improvement plans and strategic funding partnerships, and promoting the effective use of research to inform policy and service improvement Ensure the people of Wales have a strong voice to inform the ongoing development of an effective, joined up health and social care system		Value. Efficiency and re-commissioning
1	Develop and scale up models of integrated community based services in line with population health and wellbeing needs to achieve a consistent model of Integrated Community Care across Wales		
1	Through a strengthened digital and data profession boost significantly the digital and data maturity required to meet international best practice and standards in cyber, infrastructure, user design, data sharing and recording, workforce development, electronic health and wellbeing records, agile procurement and clinical safety		
1	Embed compassionate leadership and building a positive culture across the NHS and social care system in Wales to become exemplar employers for		Organisational creation, transition and OD programme section

	health, wellbeing, diversity and inclusion at work with the intent to share this approach across the wider economy		
1	Develop and deliver a comprehensive vision for life sciences and innovation that serves as a catalyst for enhancing the health and wealth of the Welsh population and its economy Ensure individuals and their carers are enabled to work as key partners in co-producing and owning their own health and care plans		
1	Build on regional and local partnership arrangements to ensure closer alignment in the planning, commissioning and delivery of health and care services to maximise assets and resources		Strategic context, transformation and as relevant to the varying commissioning chapters
1	Establish a clear and agreed-upon National Enterprise Architecture built around core standards and with clear understanding of how data, applications and technology underpins national health and care transformation and policy priorities	TBC	
1	Deliver effective and efficient deployment of the workforce to make the most of our investment in the skills of the workforce and technology to deliver safe patient outcomes		We can commission on this basis – but delivery is not ours
1	Use modern and emerging technologies, innovations and biosciences, including genomics and personalised treatments, to deliver greater value and sustainability across all national improvement and transformation programmes and initiatives		<i>If we change the word from use to commission – this needs to be in our strategic context</i>
1	Ensure the complete deployment of key national digital capabilities, such as diagnostic and specialist systems, the Wales NHS App and electronic prescribing to support patients and public in accessing their own data and managing their care, while ensuring that no one is left behind by digital exclusion		
1	Put the use of data, insight and analytics, used safely and securely, at the core of the health and care system to deliver improved health and wellbeing outcomes		Value, recommissioning & efficiency

2. Cabinet Secretary Letter to Chairs (Annex A 2026 deliverables – no 3 on source)

SOURCE	WHAT	JCC RELEVANCE	PART OF PLAN ADDRESSED
3	Population health & Prevention <ul style="list-style-type: none"> Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes 		
3	<ul style="list-style-type: none"> Achievement of vaccinations targets in the performance framework 		
3	Building community capacity		
3	<ul style="list-style-type: none"> Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard 		
3	<ul style="list-style-type: none"> 100% of GP practices achieving all National Access Standards for Inhours GMS • Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP 		
3	<ul style="list-style-type: none"> Increase in % of adult/child population accessing NHS Dental care over a 24 (adult) /12 (child) month period 		
3	<ul style="list-style-type: none"> Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible 		
3	<ul style="list-style-type: none"> Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible. 		
3	Mental Health <ul style="list-style-type: none"> 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral 		
3	<ul style="list-style-type: none"> 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS 		

3	Womens Health Establishment of one Women's Health Hub in each health board area by March 2026 (aligned to the Women's Health Plan)		
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4. Ministerial Enabling Actions

SOURCE	WHAT	JCC RELEVANCE	PART OF PLAN ADDRESSED
4	Implementation of the Community Based Falls Response	? Commissioning need	Ross/Phil to advise
4	6 Goals Programme Implementation of the remote clinical assessment services framework	? Commissioning need	Ross/Phil to advise
4	6 Goals Programme Implementation of acute frailty model at the Front Door		Recognise potential impact on conveyancing
4	6 Goals Programme Implementation of the Welsh Health Circular - Ambulance Handover Guidance		Ross/Phil to advise
4	6 Goals Programme Implement the Optimum Hospital Flow Framework		Recognise potential impact on conveyancing
4	6 Goals Programme Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements		Recognise potential impact on conveyancing
4	Ensure consistent delivery of effective integrated discharge planning, utilising the National Discharge Guidance issued by the 6 Goals Programme.		Recognise potential impact on conveyancing
4	Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.		Could include in commissioning intentions/service specifications etc
4	All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.		

4	Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.		Could include in commissioning intentions/service specifications etc
4	Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists		Could include in commissioning intentions/service specifications etc
4	On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.		Could include in commissioning intentions/service specifications etc
4	Ensure effective utilisation of theatre capacity through: - Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and - Increasing session utilisation to the GiRFT standard of 85% by March 2026.		Could include in commissioning intentions/service specifications etc
4	Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on: - Anthroplasty 90% compliance with GiRFT standard of 4 primary joints/day, 2 by end of quarter 2; - Cataract 90% of lists to have 7 Cataracts per list by end of Q2 - 90% of the time achieve at least 6 HVLC general surgery procedures on an all day list made up of hernia or gallbladders by end of Q2.		Could include in commissioning intentions/service specifications etc
4	Deliver improvements in day surgery rates, with an expectation to achieving a BACDS daycase rate of 70% from April 2025, moving to 80% by the end of June 2025		Could include in commissioning intentions/service specifications etc
4	Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact		Could include in commissioning intentions/service specifications etc
4	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular		
4	Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.		
4	Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025.		

4	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.		
4	Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.		
4	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.		
4	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)		Specialised services chapter
4	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.		Mental Health chapter also value recommissioning and efficiency
4	Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.		
4	Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme	TBD	
4	Ensuring full compliance with straight to test guidance	TBD	
4	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes	TBD	
4	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health		
4	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)		

4	Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.		Specify through commissioning as required
4	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.		
4	Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation.	TBD	
4	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1	TBD	
4	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26	TBD	
4	Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme	TBD	

5. Director General Letter to CEOs

SOURCE	WHAT	JCC RELEVANCE	PART OF PLAN ADDRESSED
5	Need to reflect a Healthier Wales refreshed actions in plans		See assessment of applicability above
5	Deliver on statutory duty of a break even plan or communicate by 14 th Feb via an Accountable Officer letter that this is not achievable		
5	Follow familiar process of firm/indicative and outline priorities across the 3 years		
5	Submissions should include a narrative three-year plan		
5	Ministerial templates should be completed and returned with the plan (they must align with the MDS)		
5	MDS should be completed and returned when submitting the plan		

5	The narrative three-year plan should set out what has been delivered, what has been progressed and what was unable to be delivered from the previous submission		
5	Year one must contain a level of detail that provides clarity on milestones, actions and projections that set the ambition for operational delivery and management of risk for the year ahead, along with financial sustainability		
5	Reflections of quality and equity should be evident throughout the plan		Strategic context, however with specifics in the section on quality and governance
5	Need to see greater financial improvement with pace – will set out specifics in the allocation and budgetary framework		Financial principles and specific financial plans
5	Ensure that there are mechanisms in place to consistently align and understand the impact of any financial or workforce decisions on the delivery of plans.		Financial principles and specific financial plans
5	Maximising all opportunities for transformation, utilising new technologies that create efficiency, productivity and improved patient experience and outcomes must be delivered.		Transformation chapter
5	Organisations must develop local plans based on the work of the Value and Sustainability Board		
5	Need to see tangible references to regional working and cross public sector working within plans		Strategic narrative, and within specific commissioning sections of relevance
5	Need to see reference to the varying legislative requirements, specifically WBFG Act, A Healthier Wales, Social Partnership and Public Procurement (Wales) Act 2023, Health services procurement (Wales) Act. Duty of quality and candour.		
5	Develop a short video summarising what your plan will deliver, which can be shared with your stakeholders on your websites and social media channels.		

6. Technical Planning Guidance

SOURCE	WHAT	JCC RELEVANCE	PART OF PLAN ADDRESSED
6	Plans must include evidence of how your work is further embedding the principles and actions consistent with the Wellbeing Act. This is closely linked to Value in Health.		Strategic context and chapter on value efficiency and recommissioning
6	Plans this year must include a review of the organisations' Wellbeing objectives in line with the Social Partnership and Public Procurement (Wales) Act 2023 (SPPP Act). Ideally these will be the same as the organisation's overarching Strategic Objectives and align to the organisation's Value in Health work, organisational strategies, delivery plans and be embedded in your governance structures		Strategic context and organisational transition chapter
6	Delivery of the A Healthier Wales refreshed actions must be reflected in organisational plans.		Strategic context
6	The National Clinical Framework sits at the centre of our system of planning and makes the direct links to the quality statements and strategic NHS plans clinical networks now part of the NHS Wales Executive functions. Quality must be the essential requirement that underpins and drives this work and must be evidenced in plans		Strategic context and section on quality and governance
6	In some areas national service specifications may have been developed according to clinical standards to help health boards plan and deliver consistent high-quality services. Evidencing the implementation of quality statements will help health boards and NHS trusts to demonstrate delivery of the Duty of Quality		
6	Planning and plans need to demonstrate how the actions proposed will address the health and care quality standards, and how the standards are being used to support the planning process and decision making		Use of quality framework STEEEP in decision making this year
6	The Duty of Quality requires that strategic and operational decisions are made through the lens of quality. This quality-driven decision-making can be achieved by considering plans and decisions in line with their impact utilising the Health and Care Quality Standards.		
6	A Quality Impact Assessment tool developed by the Quality and Safety Programme aids NHS organisations in the integration of the standards into all		<i>Support from quality team to be discussed</i>

	decisions, leading to quality driven decision-making. The tool supports quality planning, reminding planners of the prudent questions and mitigating actions that may be required to achieve quality planning. It is available on: Duty of Quality - Home (sharepoint.com) (only accessible to NHS Wales colleagues)		
6	Boards must assure themselves that there are robust quality assurance arrangements in place and that there has been sufficient scrutiny of quality impacts of any changes on people, their organisation and wider partners such as the third sector. Organisations will need to be able to evidence how they have quality impact assessed operational and strategic plans.		<i>Section on quality – also need to ask quality team to include in quality and governance chapter – ie how this will be enabled consistently across the organisation -also how we QIA the plan itself</i>
6	Boards will need to be assured that in line with forthcoming regulations, Health Impact Assessments are carried out as part of the strategic decision-making process and that Equality Impact Assessments are informing necessary actions and are set out in the plan to tackle and eliminate inequalities. The actions must be clearly set out in the plan		Work required on JCC approach to full range of JCC Impact assessments
6	NHS Boards must ensure compliance with the National Strategic Programmes' requirements, methodologies and guidance to optimise the opportunities for improvement and efficiency.		Strategic context and transitional plan – specifically how we work with stakeholders and grow relationships ie Exec
6	Planned Care and cancer The current outcomes are not acceptable, and the level of inequity reflected in the variation across Wales must be addressed urgently. This will also need mature commissioning arrangements and prioritisation of support from primary care, community services, third sector and hospital services, to deliver the standards that we all want to see.		Specialist Services Commissioning Plan
6	As population health organisations, NHS bodies are familiar with planning aligned to their population health needs analysis. A great deal of work is already undertaken to target delivery and this year, organisations must ensure that this is visible within plans, including evidence of how population health analysis and population health management (segmentation and stratification) are shaping implementation of strategies and delivery of services that wholly embrace place based and preventative approaches.		Population Health chapter

6	The enabling actions in the Planning Framework mandate 'adopt or justify' to improve equity and consistency across Wales.- <i>see assessment above</i>		
6	organisations must continue to optimise vaccination opportunities for children, young people and adults - including health and social care staff – to protect themselves and others from a range of illness and conditions throughout their life		
6	Therefore, plans must include clear actions and milestones that will begin to turn off the tap of demands across the system and put in place equitable pathways towards improved outcomes for patients. (LINKED TO PREVENTION – NOT GENERAL DEMAND)		
6	Plans must set out how organisations are embracing prevention		Strategic context, and population Health section
6	Prevention Plans must have clear and strong board level commitment to prevention and tackling health inequalities based on the 5 ways of working in the Well-being for Future Generations Act (long-term, prevention, collaboration, integration and involvement) and on Value in Health interventions.		
	Plans must set out how organisations are developing Inclusion Health Services to meet the needs of vulnerable groups - Greater emphasis on systematically implementing primary and secondary prevention interventions to reduce entrenched health inequities - implementing the national 3 Ps policy and establishing the single points of contact Promote, prevent and prepare for planned care [HTML] GOV.WALES		
	Plans must set out organisational work to expand provision of pre-diabetes prevention programme to all clusters in the health board.		
	Plans must demonstrate how preventive health measures are accessible at all stages across the life course – from prenatal, infancy and childhood, to adolescence, adulthood, and through to older age.		

	Plans must set out how organisations are investing in value-based health and care and thereby moving towards higher investment in prevention to reduce ill-health..		Chapter on value, recommissioning and efficiency
	Organisations must set out how they are an exemplar anchor organisation and support and catalyse action with and from partners. Take targeted action as an employer, procurer for services and managing estates to support healthier communities		
	Organisations need to set out How they are delivering a collective and cohesive effort across the health, social care, housing and education sector to create and enhance the types of environments needed to support individuals to lead healthy lives	MH/LD/VGs/Renal ?	
6	Building Community Capacity Organisations (stated as HBs in the guidance) need to develop plans that demonstrate:		
	- Using Cluster, Pan Cluster Planning Group and RPB plans to develop primary and community services in line with assessed population need, and Inclusion Health Services for vulnerable groups.		
	- Maximising the opportunities provided by the contracts and assurance mechanisms for General Medical Services, Community Pharmacy, Optometry and Dentistry to improve collaboration and the effective use of professional time and expertise.		
	- Providing any new Supplementary Services, where appropriate, on a cluster or pan cluster population footprint		
	- Improving access to the right professional, at the right time in the right place.		
	- Promoting the use of NHS 111 and 111 [Press 2]		
6	Mental Health As part of its planning process health boards will be required to:		

	- Work with local mental health partners to ensure it has recently reviewed its Part 1 Scheme of the Mental Health (Wales) Measure to ensure it describes the current mental health services provided at a primary care level and reflects local need		
	- Take any additional actions required in order to implement the Child and Adolescent Mental Health Services NHS Wales Service Specification		
	- Implement a First Episode Early Intervention Approach for Eating Disorders, where this is not already in place		? Commissioning Intention
	- Implement the Anti-Ligature standards in inpatient settings		Reflect in commissioning intentions
	- Roll out person centred safety planning		Reflect in commissioning intentions
	Regional Planning Health Boards will need to :		
	- put in place mature and robust arrangements for collaborating via regional planning arrangements.		Could be commissioning implications for us here as this unfolds so a review of HB plans in Q1 will be essential
	- agree which services should be reconfigured or augmented at the regional level, and where those services should be delivered.		Could be commissioning implications for us here as this unfolds so a review of HB plans in Q1 will be essential
	- proactively identify fragile services for reconfiguration as part of a rolling programme of specialist service development and reform. The emphasis should be on maintaining high quality and sustainable specialist care in line with clinical standards rather than retaining local responsibility for delivery.		May have implications for Specialist Services Commissioning in particular
	- ensure they are collaborating at regional level on the further development and improved sustainability of services		As previous

	- ensure they are collaborating at regional level on opportunities to provide additional pooled and protected capacity for cataracts and orthopaedic procedures.		
	- ensure they have the capability to rapidly move to regional working and provision of mutual aid in response to public health incidents and emergencies.		
	- ensure that regional services are supported by regional waiting list and vetting arrangements according to common pathway protocols to ensure access is prioritised according to a consistent assessment of clinical need or urgency		We are involved in examples of pooled lists for tertiary services provision

Note – this has been developed from an initial scan of the documentation, and for the technical guidance specifically, colleagues will wish to check sections related to their area of commissioning responsibility, so as to ensure any nuances and non specific actions have not been missed.