

**EITEM AGENDA / AGENDA ITEM: 3**

<b>Cyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal / Mid Wales Joint Committee for Health and Care</b>			
<b>Dyddiad y Cyfarfod: Date of Meeting:</b>	13 <sup>th</sup> October 2025		
<b>Teitl yr Adroddiad: Title of Report:</b>	Mid Wales Joint Committee Priorities and Delivery Plan 2025/26		
<b>Arweinydd: Lead:</b>	Professor Phil Kloer, Chief Executive of Hywel Dda University Health Board and Lead Chief Executive of the Mid Wales Joint Committee / Keith Jones, Director of Operational Planning & Performance for Hywel Dda University Health Board and Programme Director for the Mid Wales Joint Committee		
<b>Pwrpas yr adroddiad: Purpose of the Report:</b>	To receive an update on the Mid Wales Joint Committee's priorities and delivery plan for 2025/26, the work of the Mid Wales Planning and Delivery Executive Group and the proposed review of the Mid Wales Joint Committee Governance arrangements.	<b>Ar gyfer cytundeb For Agreement</b>	✓
		<b>Ar gyfer trafodaeth For Discussion</b>	✓
		<b>Ar gyfer gwybodaeth For Information</b>	

**Crynodeb / Summary**

**1. Introduction**

- 1.1 In January 2014, the Welsh Government Minister for Health and Social Services (Professor Mark Drakeford) commissioned the Welsh Institute for Health and Social Care (WIHSC) to explore the options for the provision of high quality and sustainable healthcare services in Mid Wales. The different needs of rural communities and the cross-boundary challenges of this region suggested the need for a review of the system. The study spent eight months listening to stakeholders across Mid Wales, working with clinicians, Health Boards, professional bodies and many others and reviewing the lessons from elsewhere in the UK and internationally where similar challenges have been addressed.
- 1.2 The resultant Mid Wales Healthcare Study, published in October 2014, highlighted a number of issues and twelve recommendations were made. One key recommendation was that the three Health Boards serving the Mid Wales population should establish a joint governance mechanism (working title: The Mid Wales Healthcare Collaborative), in order to implement the range of recommendations made in the report. (*ref: Mid Wales Healthcare Study, Report for Welsh Government, WIHSC – University of South Wales, September 2014*). Although this recommendation did not make specific reference to Local Authorities, the report of the study made a number of references to the importance of social care within the healthcare system. As such it was felt appropriate that Local Authorities should be members of the collaborative.

- 1.3 The Mid Wales Healthcare Collaborative (MWHC) was established in March 2015 with the following organisations as its members:
- Betsi Cadwaladr University Health Board (BCUHB)
  - Hywel Dda University Health Board (HDdUHB)
  - Powys Teaching Health Board (PTHB)
  - Welsh Ambulance Services University NHS Trust (WAST)
  - Ceredigion County Council
  - Gwynedd Council
  - Powys County Council
- 1.4 In March 2018, the MWHC transitioned to the Mid Wales Joint Committee for Health and Social Care (MWJC) with a revised leadership arrangement and governance structure in order to strengthen the approach to planning and delivery across Mid Wales and support organisations in embedding collaborative working within their planning and implementation arrangements. The leadership of the Joint Committee was revised to reflect its new approach with Lead Chair, Lead Chief Executive, Lead Director of Planning and Lead Clinical Executive Director roles undertaken by relevant representatives of the Mid Wales healthcare organisations on a bi-annual rotational basis together with a Programme Director.
- 1.5 Upon its inception the MWJC agreed its Mid Wales Strategic Intent which includes five overarching aims to support partner organisations to work together to address the current health and care needs of the Mid Wales population as well as future challenges.
- **Aim 1: Health, Wellbeing and Prevention**  
Improve the health and wellbeing of the Mid Wales population.
  - **Aim 2: Care Closer to Home**  
Create a sustainable health and social care system for the population of Mid Wales which has greater focus on care closer to home.
  - **Aim 3: Rural Health and Care Workforce**  
Create a flexible and sustainable rural health and care workforce for the delivery of high quality services which support the healthcare needs of rural communities across Mid Wales.
  - **Aim 4: Hospital Based Care and Treatment**  
Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks.
  - **Aim 5: Communications, Involvement and Engagement**  
Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.
- 1.6 In support of these aims, a set of annual Mid Wales specific priority workstreams were agreed with the purpose of providing added value to organisations working across Mid Wales and which align to the Integrated Medium Term Plans (IMTP) / Annual / Regional Plans of the Joint Committee's partner organisations. The annual priority setting exercise includes a workshop session of the Mid Wales Planning and Delivery Executive Group (MWPDEG) to discuss and set the proposed priorities for the upcoming year with the following taken into consideration:
- Progress made on the Mid Wales priorities for the current year.
  - Emerging themes / issues identified by the Joint Committee's sub-groups and task and finish groups.

- Individual organisational plans for the upcoming year and any other emerging matters which may require a collaborative discussion and regional approach.
- Feedback received from the public.
- Priorities of other regional and national programmes.

- 1.7 The proposed priorities are shared with the Joint Committee's sub-groups and task and finish groups for consideration and feedback prior to final agreement by the MWPDEG and MWJC. Delivery of the priorities is supported by a Mid Wales Priorities and Delivery Plan which details the scope, expected outcomes, key actions including timescales and the governance arrangements including responsible officers and delivery mechanisms.
- 1.8 The MWJC oversees the delivery of the Mid Wales Priorities and Delivery Plan and the work of its sub-groups. The MWJC is chaired by the MWJC Lead Chair, Dyfed Edwards Chair of BCUHB, and its membership includes Chief Executives from Health Boards and WAST, representatives from the three Local Authorities, Joint Committee Leadership Team, Chairs of the Joint Committee's sub-groups and Llais. The MWJC has seen a change in its leadership arrangements for 2025/26 with Professor Phil Kloer Chief Executive of HDdUHB assuming the role of lead Chief Executive and Keith Jones, Director of Operational Planning & Performance at HDdUHB appointed as MWJC Programme Director.
- 1.9 The MWPDEG leads on the development and implementation of the Mid Wales Priorities and Delivery Plan with its membership comprising planning representatives from the three Health Boards and WAST with the Chair of the Mid Wales Social Care Group attending on behalf of the three Local Authorities.
- 1.10 The MWPDEG is supported in its work by the following groups:
- The Mid Wales Clinical Advisory Group (MWCAG) which provides clinical support and advice on the Mid Wales priorities either as identified by the group or as commissioned by the MWPDEG. The group is chaired by the lead Clinical Executive Director, Dr Kate Wright Executive Medical Director for PTHB, and its membership includes clinical representatives from the three Health Boards, WAST and Public Health Wales.
  - The Mid Wales Social Care Group (MWSocG) which focuses on social care and the alignment of plans for social care services across Mid Wales. Its membership includes Directors of Social Services for the three Mid Wales Local Authorities. A review of the group is currently in progress to ascertain whether its role provides added value and whether its role is already being undertaken elsewhere by other national and regional groups and mechanisms. Please refer to Agenda Item 5. Mid Wales Social Care Group for the latest update on the review of the group.
  - Priority specific task and finish groups whose role is to implement the delivery plan related to its specific priority. These task and finish groups report directly to the MWPDEG with an update on progress provided to bi-monthly MWPDEG meetings.
  - The Mid Wales Strategic Commissioning Group (MWStCG) has been established for the three Mid Wales Health Boards to fulfil their commissioning role collaboratively for the population of Mid Wales. Chaired by Lee Davies, Director of Planning & Strategy at HDdUHB, its membership includes planning, finance, commissioning, contracting and clinical representatives from each organisation. The group is directly accountable to the three Health Boards, with reports on its work provided to the MWPDEG. The group supports the MWJC in proposing suggested service areas which may benefit a regional approach.

- The Rural Health and Care Wales (RHCW) Stakeholder Group reports to the MWJC and provide updates on its work to the MWPDEG. RHCW was established in response to the twelfth recommendation of the Mid Wales Healthcare Study that ‘The three Health Boards, working with local Universities and others, should develop and support a centre of excellence in rural healthcare, with a particular focus on research, development and dissemination of evidence in health service research which addresses the particular challenges of Mid Wales.’ The workplan for RHCW supports the Joint Committee’s priorities with more wide-ranging areas of work that encompass broader social models of health and ill health preventative measures.

## 2. Mid Wales Priorities and Delivery Plan 2025/26

2.1 For 2025/26 the Mid Wales priorities are as follows:

<b>Mid Wales priorities 2025/26</b>	
<b>Priority</b>	<b>Strategic Objective</b>
Urology	Complete the review of prostate cancer Prostate-Specific Antigen (PSA) and Trial Without Catheter (TWOC) pathways and flows for patients residing in Mid Wales, identify any current gaps in provision and opportunities for the future provision of services across Mid Wales.
Ophthalmology	Increase capacity and access to ophthalmology services across the Mid Wales area through the development of a regional and a whole system pathway (primary, community and secondary care) approach supported by the establishment of operational and service links between Health Boards.
Cancer	Identify opportunities for increasing provision and improving access to cancer services across Mid Wales.
Community Dental Services	Identify what improvements can be made to general NHS dental services provision across Mid Wales.
Strategic service change programmes	Identify the impact on the Mid Wales population of pathway changes proposed via strategic service change programmes being progressed by individual organisations.
Cross Border workforce arrangements	Develop solutions to cross organisational border health and social care workforce arrangements across Mid Wales.
Colorectal	Establish a sustainable colorectal services pathway for Mid Wales, which ensures a Mid Wales focus on service delivery and creates opportunities for the provision of outreach services across the Care Hubs in Mid Wales.
Dermatology	Identify opportunities for increasing provision and improving access to Dermatology services across Mid Wales.

The Colorectal priority has up until recently been overseen by the Mid Wales Strategic Commissioning Group but has now been handed over to the MWPDEG for agreement on whether the monthly Newtown outreach colorectal clinics should continue and to consider whether Health Boards wish to undertake further work to explore the expansion of the clinic to cover a wider catchment area of PTHB and BCUHB. The Dermatology priority has recently been introduced following an initial review of Dermatology services undertaken by the Mid Wales Strategic Commissioning Group which identified some potential opportunities for joint working across Mid Wales.

- 2.2 These priorities and areas of focus will be subject to continuous review during the year to respond to organisational strategic changes. The update report attached to this paper details the progress to date for the Mid Wales Priorities and Delivery Plan from 1<sup>st</sup> April to 30<sup>th</sup> September 2025 and actions planned for October to December 2025.
- 2.3 Please see below a summary overview of the progress and current status of the MWJC priorities.

<b>MWJC Priorities – Progress / Status Overview</b>					
<b>Priority</b>	<b>Workstreams</b>	<b>Blue (Completed)</b>	<b>Red (Late)</b>	<b>Amber (Off Track)</b>	<b>Green (On Track )</b>
Urology	2		1	1	
Ophthalmology	4				4
Cancer	2	1			1
Community Dental Services	2			2	
Strategic service change programmes	4				4
Cross Border Workforce arrangements	3	1			2
Colorectal	1			1	
Dermatology	1				1

- 2.4 For those workstreams whose status is currently Red (Late) and Amber (Off Track) please see overleaf a summary exception report highlighting the issues which have impacted on progress and the current actions being progressed, details of which are reflected in the progress update report appended to this paper.

<b>MWJC Priorities – Issues and Actions for Red and Amber workstreams</b>			
<b>Priority</b>	<b>Workstream</b>	<b>Issue</b>	<b>Action</b>
Urology (Red)	Prostate-Specific Antigen (PSA) pathway	Primary Care practitioners are monitoring certain groups of prostate cancer patients but internal processes were found to be inconsistent with no shared care arrangements in place. NICE Clinical Knowledge Summary for Prostate Cancer states that monitoring of prostate cancer patients can be carried out in primary care under shared care arrangements.	Issue has been referred to the HDdUHB Urology Team, Deputy Medical Director and Deputy Associate Medical Director for advice on how this should be taken forward as the solution may potentially have resource implications. The MWJC Programme Director is to have a discussion with the MWJC Clinical Lead on 10/10/25 on actions required to resolve this issue.
Urology (Amber)	Trial Without Catheter (TWOC)	Mid Wales TWOC Group identified an issue with pathways for patients with acute retention and complex catheter changes. Protocol developed was due to be discussed and reviewed in more detail at the Mid Wales TWOC meeting planned for 16/09/25, however, meeting was cancelled due to a high number of apologies. As such the target date of 30/09/25 will not be achieved.	Mid Wales TWOC meeting re-arranged for 03/10/25.
Community Dental Services (Amber)	Endodontic services	Agreed service, finance and commissioning actions have not progressed and it is unlikely that the target date of 30/09/25 for HDdUHB patients from the SY postcode area to access the PTHB Endodontic service will be achieved.	HDdUHB to confirm with PTHB by 01/11/25 whether or not they still wish to progress with the plan for patients from the SY postcode area to access the PTHB Endodontic service.
Community Dental Services (Amber)	Paediatric General Anaesthesia at Bronglais General Hospital	Progress on establishment of HDdUHB Paediatric General Anaesthesia Task and Finish Group delayed due to staffing capacity challenges and staffing changes within the HDdUHB Dental team.	First meeting of HDdUHB Paediatric General Anaesthesia Task and Finish Group task and finish group to be arranged for November / December 2025.
Colorectal (Amber)	Colorectal	Aim of workstream to establish an outpatient colorectal clinic at Newtown Hospital has been achieved. However, no decision taken at MWPDEG on 24/07/25 as to whether the monthly outreach clinics should continue as a permanent arrangement.	MWJC Programme Director to meet with planning and operational leads on 21/10/25 to seek their feedback on whether Mid Wales Health Boards continue to be signed up to the direction of travel being proposed.

## **2.5 Mid Wales Strategic Commissioning Group**

The Mid Wales Strategic Commissioning Group was established in May 2022 to support the three Mid Wales Health Boards to fulfil their commissioning role collaboratively, in the development and implementation of equitable, accessible, evidence-based, safe, effective and sustainable services for the residents of Mid Wales. The group is directly accountable to the three respective Health Boards, however, regular reports on its work are provided to the MWPDEG with secretariat support for this group provided by the Joint Committee team.

The Mid Wales Strategic Commissioning Group met three times during this reporting period on 30/05/25, 28/07/25 and 29/09/25. Key matters and decisions taken by the group include:

### **a) PTHB Community Cardiology service – Community Cardiology Audit**

The group received two reports on the PTHB Community Cardiology services, i) Internal Audit review and ii) Assessment of Outcomes. It was agreed that the draft report on the assessment of outcomes would be shared with HDdUHB cardiology colleagues to review for consistency of service.

### **b) Mid Wales Dermatology services**

At the request of the group a position statement on the provision of Dermatology services across the three Health Board areas was produced to identify gaps in service provision in order to ascertain whether there may be opportunities for joint working. The group recommended to the MWPDEG that a Mid Wales Dermatology Group be established to explore whether there are any joint working opportunities to respond to the issues and challenges identified in the position statement.

### **c) Mid Wales Strategic Intent**

Please refer to agenda item 7. Mid Wales Strategic Intent and process for setting the Mid Wales priorities.

### **d) Mid Wales Colorectal services**

The evaluation of the Newtown Colorectal Services monthly clinics April 2025 to June 2025 evaluation paper was received.

### **e) Strategic Service Change Programmes – Lessons Learnt**

HDdUHB are collating the lessons learnt from the first phase of the Clinical Services Plan consultation exercise which is planned to be completed by November 2025 and when ready, will be shared with the group.

### **f) Role and purpose of Mid Wales Strategic Commissioning Group**

The group received a presentation on the MWJC governance structure and its priorities and the role and purpose of the Mid Wales Strategic Commissioning Group. It was unclear as to whether the group is reflected within the governance structures of the respective Health Boards. The group has identified areas of work which would benefit a collaborative approach across Mid Wales, in addition to the Mid Wales priorities. However, members felt that the group was not fulfilling its core purpose as set out in its terms of reference. Members agreed that a review of the role and purpose of the group within the MWJC governance structure be undertaken and that this includes consideration as to whether the current reporting arrangements are appropriate.

## 2.6 MWJC Governance arrangements

The MWPDEG noted the Mid Wales Strategic Commissioning Group recommendation that its role and purpose be reviewed. The MWPDEG agreed that there is a need to consider other elements of work and as such the scope of the review has expanded to cover the MWJC Governance arrangements. Those elements requiring consideration include:

- A number of priorities and their workstreams have been carried forward from previous years. In order to strengthen organisational support for the priorities and its workstreams, a Senior Responsible Officer (SRO) for each priority/workstream should be identified and agreed by MWPDEG.
- Some aspects of the reviewed Mid Wales Strategic Intent will need to be considered as part of the review. Please refer to agenda item 7. Mid Wales Strategic Intent and process for setting the Mid Wales priorities for further information on the Mid Wales Strategic Intent.
- The outputs of the review of Mid Wales Social Care Group. Please refer to agenda item 5. Mid Wales Social Care Group for the latest update on the review.
- The formal governance structure for the Joint Committee between HDdUHB and Swansea Bay University Health Board has been developed and consideration will need to be given as to how both governance structures link and work with each other.

The Mid Wales Programme Director will lead on the review of the MWJC Governance arrangements with the proposed plan as follows:

<b>Process for review of the Mid Wales Governance arrangements</b>		
<b>Action</b>	<b>By Whom</b>	<b>By When</b>
Engagement with MWPDEG and its sub-groups.	MWJC Programme Director	October 2025 to November 2025
First draft of revised Mid Wales Governance arrangements produced. To include consideration of feedback received during the engagement phase.	MWJC Programme Director / MWJC team	November 2025 to December 2025
First draft of revised Mid Wales Governance arrangements shared with MWPDEG and its sub-groups for feedback.	MWJC Programme Director / MWJC team	December 2025
Feedback received from Mid Wales Planning and Delivery Executive Group and its sub-groups.	MWPDEG / MWPDEG sub-groups	December 2025 to January 2026
Final revised Mid Wales Governance arrangements drafted. To include consideration of feedback received from MWPDEG and its sub-groups.	MWJC Programme Director / MWJC team	February 2026 to March 2026
Final Mid Wales Governance arrangements agreed.	MWPDEG	March 2026
Final Mid Wales Governance arrangements agreed.	MWJC	April 2026

**Argymhelliad / Recommendation**

**For Discussion** - The Mid Wales Joint Committee are asked to **NOTE** the update report on the Mid Wales Joint Committee Priorities and Delivery Plan 2025/26 from 1<sup>st</sup> April 2025 to 30<sup>th</sup> September 2025.

**For Agreement** - The Mid Wales Joint Committee are asked to **AGREE** the proposed approach for the review of its Governance arrangements including a review of the role of the Mid Wales Strategic Commissioning Group.