

EITEM AGENDA / AGENDA ITEM: 2

| Cyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal / Mid Wales Joint Committee for Health and Care | | | |
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| Dyddiad y Cyfarfod: Date of Meeting: | 14 th October 2024 | | |
| Eitem ar yr Agenda: Title of Report: | Minutes of the Mid Wales Joint Committee meeting held on 29 th April 2024 | | |
| Arweinydd Lead: | Lead Chair Mid Wales Joint Committee | | |
| Pwrpas yr adroddiad: Purpose of the Report: | To present the draft unapproved minutes of the Mid Wales Joint Committee meeting held on 29 th April 2024 | Ar gyfer cytundeb For Agreement | ✓ |
| | | Ar gyfer trafodaeth For Discussion | |
| | | Ar gyfer gwybodaeth For Information | |
| <u>Crynodeb / Summary</u> A virtual meeting of the Mid Wales Joint Committee was held via Teams on 29 th April 2024 and the draft unapproved minutes are attached for agreement by the Joint Committee. | | | |
| <u>Argymhelliad / Recommendation</u> For agreement - The Joint Committee are asked to agree the minutes of the meeting held on 29 th April 2024. | | | |

**DRAFT AND UNAPPROVED MINUTES OF THE MEETING OF THE
MID WALES JOINT COMMITTEE FOR HEALTH AND CARE**

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| Time and date of meeting: | 1.00pm Monday 29 th April 2024 |
| Venue: | Virtual meeting via Microsoft Teams |
| Present: | <p>Members Judith Hardisty, Interim Chair, HDdUHB (Chair) Hayley Thomas, Chief Executive, PTHB and Lead Chief Executive, MWJC Dr Kate Wright, Medical Director, PTHB and Lead Clinical Executive Director MWJC Stephen Powell, Director of Planning, Performance and Commissioning, PTHB and Lead Planning Director, MWJC Dyfed Edwards, Chair, BCUHB Prof. Phil Kloer, Interim Chief Executive, HDdUHB Wendy Hooson, Head of Health Strategy and Planning (Acting), BCUHB Rhonwen Jones, Planning & Performance Business Partner, WAST Cllr. Alun Williams, Deputy Leader, Ceredigion County Council Audrey Somerton Edwards, Director of Social Services, Ceredigion County Council Cllr. Sian Cox, Cabinet Member – Caring Powys, Powys County Council Cllr. Dilwyn Morgan, Cabinet member, Gwynedd Council Dylan Owen, Corporate Director Lead for Adult Social Services and Health (Strategic), Gwynedd Council</p> <p>Co-opted Members Katie Blackburn, Corporate Lead and Powys Regional Director, Llais Peter Skitt, County Director Ceredigion, HDdUHB / Programme Lead, MWJC</p> |
| In attendance: | <p>Cllr. Linda Jones, Gwynedd Council / Mid Wales Joint Scrutiny Group Nia Williams, Programme Manager, MWJC Emma Brooke, Project Support Officer, MWJC Anna Prytherch, Head of Rural Health and Care Wales, RHCW Llinos Jones, Translator One member of the public</p> |

| Ref | Agenda Item | Action |
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| JC(24)01 | <p>Welcome and Apologies for absence Mrs Hardisty extended a welcome to everyone and explained that she was chairing the meeting in the absence of a nominated lead Chair for the Joint Committee. A new chair for Hywel Dda University Health Board was due to commence on 1st June 2024 and she would have a discussion with them regarding the Lead Chair role when they were in post.</p> <p>Mrs Hardisty welcomed Ms Thomas to the role of Lead Chief Executive for the Joint Committee which she had taken over following the recent departure of Steve Moore who had previously undertaken this role.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Carl Cooper, Chair, Powys Teaching Health Board • Carol Shillabeer, Chief Executive, Powys THB • Jason Killens, Chief Executive, Welsh Ambulance Services NHS Trust | |

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| | <ul style="list-style-type: none"> • Cllr. James Gibson-Watt, Leader, Powys County Council • Cllr. Paul Hinge, Ceredigion County Council, Mid Wales Joint Scrutiny Group member • Cllr. Eryl Jones-Williams, Gwynedd Council, Mid Wales Joint Scrutiny Group member | |
| JC(24)02 | <p>Report of the Lead Chair</p> <p>Mrs Hardisty presented the report of the Lead Chair and made specific reference to the following:</p> <ul style="list-style-type: none"> • In March 2024 the Cabinet Secretary for Health and Social Services announced the intention to direct Swansea Bay and Hywel Dda University Health Boards to establish a Joint Committee. Work would be taking place over the next few months to prepare for the establishment of this new Joint Committee. • Following a review the Mid Wales Joint Scrutiny Working Group, their operating arrangements have changed with members attending Joint Committee meetings to observe and ask questions during the ‘Listening to You’ agenda item. If any member wished to receive more detailed information a subsequent meeting of the Scrutiny Working Group would be arranged. This replaced the previous arrangement where a meeting of the group was held immediately after the Joint Committee meeting. <p>Cllr. Williams asked whether the directive for the establishment of a Joint Committee between Swansea Bay and Hywel Dda University Health Boards had been received by all Welsh Health Boards or was this particular to the two Health Boards and if so was there a reason for this other than geography. Prof. Kloer advised that all regions, South East, South West, North and Mid Wales, were expected to work together but confirmed that this was a particular directive for the two Health Boards. No specific reason for the directive had been given, however, Hywel Dda University Health Board were now in targeted intervention status and Swansea Bay University Health Board had been escalated to special measures. As such he suspected that the escalation status for both organisations was the reason for the directive as there were particular asks of both Health Boards for the south of the region.</p> <p>The Mid Wales Joint Committee noted for information the report of the Lead Chair.</p> | |
| JC(24)03 | <p>Mid Wales Joint Committee’s Priorities and Delivery Plan 2024/25 including the report of the Lead Chief Executive and the Mid Wales Planning and Delivery Executive Group</p> <p>Ms Thomas presented the report on the Joint Committee priorities and delivery plan for 2024/25 which built on the work already done in Health Board and Local Authority plans. The workplan had been developed by the Mid Wales Planning and Delivery Executive Group and its two sub-groups, Mid Wales Clinical Advisory Group and the Mid Wales Social Care Group. A plan on a page had been developed for each of the six priorities which outlined how organisations would work together over the next year. The priorities for 2024/25 were as follows:</p> <ol style="list-style-type: none"> 1. Urology 2. Ophthalmology 3. Cancer | |

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| | <ol style="list-style-type: none"> 4. Community Dental Services 5. Clinical Strategy for Hospital Based Care and Treatment and regional solutions. 6. Cross Border workforce arrangements <p>Underpinning the priorities and workplan was how to create a sustainable workforce which was supported by the cross border workforce arrangements priority.</p> <p>The Mid Wales Social Care Group had also developed an agreed set of top three priorities which they were currently working on as follows:</p> <ol style="list-style-type: none"> 1. Residential Children’s Accommodation with links to eliminating profit on small homes (Childrens’ Services). 2. Welsh Community Care Information System (WCCIS). 3. Trusted Assessor along with Delayed Pathways of Care. <p>Mr Owen welcomed the fact that the priorities now included social care. It had been very frustrating over the years with discussions naturally focusing on health so it was pleasing to see social care priorities on the agenda which he was appreciative of. There had been slow progress in getting the Mid Wales Social Care group off the ground but he felt that progress was now being made.</p> <p>Mrs Hardisty referred to the joint working between Swansea Bay and Hywel Dda University Health Boards with Ophthalmology being one of the areas being looked at and asked whether there would be merit in exploring a single plan with Mid Wales. Prof. Kloer advised that there were links between these plans through the Health Boards as it was core service provision. What was being developed for Mid Wales was slightly different due to its rurality but the plans were joined up and aligned.</p> <p>Mrs Hardisty asked how the Residential Childrens’ accommodation work linked with Regional Partnership Boards as there were pots of funding available for their projects. Professor Kloer advised that they had pulled together the Regional Partnership Boards for North Powys and Hywel Dda for aligning their work and this is something which is being monitored.</p> <p>The Mid Wales Joint Committee noted the update report on the Mid Wales Priorities and Delivery Plan 2022/23 which included the report of the Lead Chief Executive and the Mid Wales Planning and Delivery Executive Group.</p> | |
| <p>JC(24)04</p> | <p>Mid Wales Joint Committee Subgroups update report Mid Wales Clinical Advisory Group (MWCAG)</p> <p>Dr Wright presented the report of the Mid Wales Clinical Advisory Group which described the work of the group which was on-going. Some of the group’s work had already been covered in the previous agenda item on the Joint Committee priorities and delivery plan update report. For 2024/25 the top 3 clinical priorities were as follows:</p> <ol style="list-style-type: none"> 1. Urology: Urology had been chosen with the intention of increasing dialogue across Health Boards. The first area of focus was the prostate cancer PSA pathway for which there had been parallel pieces | |

of work that had delayed progress but it was hoped to conclude this work soon.

2. Palliative Care: There was a national programme for palliative care for which links to the Mid Wales palliative care leads had now been established.
3. Rheumatology: The Hywel Dda University Health Board Rheumatology Consultant, based at Bronglais General Hospital, was now in post and they were looking to establish links across the region and develop the service.

The group also received updates on the North Powys Wellbeing programme, Bronglais General Hospital strategy and colorectal clinics at Newtown, Powys, which had recently been established.

The Wales Cancer Network had undertaken a piece of work to explore the feasibility of the introduction of a Rural Rapid Diagnosis Clinic. At the moment Rapid Diagnostic Clinics were being delivered in larger hospitals and this work explored whether they could be delivered in a rural setting. The resultant report had concluded that this was not a viable option, however, that wasn't to say that this could be revisited in the future.

Rural Health and Care Wales (RHCW) Stakeholder Group

Mr Skitt advised that his role as Chair of the Stakeholder Group was an interim arrangement with Ms Prytherch co-ordinating the group. The group was very active with the involvement of Local Authorities, Health Boards and Higher Education organisations. Key matters arising from the group were as follows:

- The third sector and approaches being piloted in rural areas around sustainable approaches to resilience in communities and making sure infrastructures were in place to support communities outside of what Local Authorities and Health Boards have. This project had become bigger over the years which had been funded by grant applications and an evaluation would be undertaken to see how they could get to a sustainable position.
- An exploration of recruitment and retention of staff and nursing workforce for which a report was attached at Appendix 2.
- The concern raised by the Stakeholder Group regarding the move from My Health Online system to the NHS Wales app because there appeared to be some gaps between the two systems.
- Rural Health and Care Wales had been asked to become self-funding, the team were doing a lot of work on this and had been successful in being awarded external funding. It had been agreed that they would only ask for support from Health Boards when needed.

Ms Hardisty noted the wealth of work being undertaken and was pleased to hear about the work being done on the sustainability of the team. The issue regarding My Health Online and the NHS Wales app was a national one as the app was being rolled out nationally and updates on this issue were being received.

Ms Thomas advised that she would welcome some social care priorities within the Rural Health and Care Wales work and an understanding of the

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| | <p>whole system with social care. She asked if colleagues could consider care closer to home and something more specific on the relationship with social care. The Joint Committee agreed that Peter Skitt would take this feedback back to the Rural Health and Care Wales Stakeholder Group and provide a response to the Mid Wales Planning and Delivery Executive Group. In response, Ms Prytherch confirmed that some work was being done around social care. This included work with the impact team on social care, work with the Transformation team on the integrated model of care and they had been successful in receiving grants for community based care projects at Newtown and Lampeter.</p> <p>Cllr. Cox referred to pharmacy review and best practice and made reference to a recent television programme where a pharmacist in Scotland had re-trained to undertake triage and provide treatments. She asked whether there was any best practice in place already and whether this initiative could be replicated in the community which would reduce pressure on GPs. Dr Wright advised that she was not aware of that specific initiative and would be happy to have a further conversation with Cllr. Cox outside of the meeting. There was a common ailments system and pharmacy did link with GPs. There was also cluster working and all of the primary care disciplines were working together more. Mr Skitt advised there were some very good examples of this type of working across pharmacies and also linking with GP practices. Ms Thomas referred to a pharmacy in Llanidloes who had won awards on a similar approach which they had in place. A large proportion of GP practices were dispensing practices and it was important to consider the policy requirements and the impact on dispensing practices.</p> <p>Members of the Joint Committee noted for information the update reports on its Subgroups.</p> | PS |
| JC(24)05 | <p>Rural Health and Care Wales (RHCW) Work programme – 2024/25</p> <p>Mr Skitt highlighted the importance of the work being undertaken by Rural Health and Care Wales with a lot of this work funded by organisations across the UK.</p> <p>Ms Prytherch advised that nearly £400k in funding had been brought in for the region and made particular reference to the following areas of work detailed in the update report:</p> <ul style="list-style-type: none"> • Coed Lleol project relating to developing nature-based activities at the Bro Ddyfi Community Hospital which was now moving to stage 2. • Macmillan Rural Cancer Patient Experience project for which thirty one-to-one interviews had been undertaken. One of the themes which had come out of these interviews was early diagnosis. • The Borth Integrated Health and Care Community Services scheme was now being taken forward in Lampeter. • A project in Lampeter and Llanidloes to support people to stay in their own home for as long as possible. • Exploratory mapping was underway and a draft survey in development that will feed into the review of GP / Primary Care provision across Mid Wales. | |

- The participation of one GP practice in a TV programme which had been facilitated by Rural Health and Care Wales.
- Work undertaken on scoping best practice on children's residential homes for the Mid Wales Social Care group workshop.
- The final report on the multi-agency responses during the Covid-19 Pandemic (vulnerable groups) had now been presented to the Mid and West Wales Safeguarding Executive Board.
- A partnership led by Aberystwyth University, and including Rural Health and Care Wales, had recently received over £5 million in funding to research and explore solutions to rural challenges.
- The Rural Health and Care Wales conference was proposed to be a three day conference which would include a 10 year celebration of the Mid Wales Healthcare study and the advancements made since its publication.
- Two more webinars were planned for 2024.
- Ms Prytherch had recently attended the integrated care conference in Belfast as Rural Health and Care Wales had two posters there.
- Rural Health and Care Wales were feeding into the small islands project. The issues faced by Wales were also faced everywhere else.

Ms Thomas noted a lot of work was being undertaken and asked how we could systematically bring through the learning. The Rural Health and Care Wales conference was an important part of the calendar but one of the issues with the November dates is the difficulty in releasing staff due to pressures in the system. This may be something which needs to be picked up in terms of planning because did we want front line staff to attend? Recognising the Mid Wales Health Care study 10 year celebration, there was always the question as to whether there was added value in the various partnerships that were in place. This was something for the Mid Wales Planning and Delivery Executive Group to look at where they have got to and where they need to go. Ms Prytherch advised that the issue of the conference timing had already been raised, that the call for papers would be June so they would have to think about a change of date for next year.

Mr Skitt stated it was important to celebrate the achievements made in the 10 years of the study, those areas which haven't yet progressed and to be open about this. He stated that the £400k funding awarded to Rural Health and Care Wales was impressive and congratulated the team. With regards to the aims for Rural Health and Care Wales he enquired as to where they came from as there was a need to be clear about its role. If there was an expectation for Rural Health and Care Wales to do something which it couldn't do then the aims needed to be clear on this. Ms Prytherch advised that the aims were aligned to the Joint Committee strategic aims and if they were changed they would need to be realigned. Mr Skitt suggested that it would be worth reviewing the aims and the role of Rural Health and Care Wales as more clarity would mean more benefit and value.

Ms Thomas advised that the aims were set some years ago pre the Covid-19 pandemic and were about sharing strategies across the region which took into account Health Board, Local Authority and Regional Partnership

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| <p>plans. There may be a question as to do we need to look at that and the sustainability of public services which is more difficult than when originally looked at. The Joint Committee agreed that the Mid Wales Planning and Delivery Executive Group discuss whether there was a need to review the Rural Health and Care aims.</p> <p>Cllr. Cox referred to communications, engagement and involvement, and the work of the Joint Committee in which she couldn't see the involvement of citizens and the problems they faced. Ms Prytherch advised that there was public, patient and Llais representatives on the Stakeholder Group. Their webinars and podcasts were also open to the public and for the projects in Llanidloes and Lampeter there were public surveys. Cllr. Cox advised that surveys were limited and there was need to explore other ways of involving the citizens voice in the work being done. She referred to the fact that existing organisational engagement mechanisms were used and wondered whether they could look at other means through innovative ways of working. Perhaps there could be a focus on where there were areas of good practice and where they could aspire to. Mr Skitt stated that Cllr. Cox raised an important point in highlighting the way that engagement is undertaken which gives expected information, this was not the deep engagement described by Cllr. Cox and it would be good to re-visit this and look at best practice. The Joint Committee agreed that Mid Wales and Planning Delivery Group would look at the five Joint Committee aims to see how they were interpreted and how they were purposely taking forward the engagement work.</p> | <p>HT</p> |
| <p>Mrs Blackburn advised that a lot of engagement was being undertaken and there was a need to ensure that they weren't re-inventing the wheel. There was data already out there from Llais and Powys Association of Voluntary Organisations and she was happy to share these reports. Mr Powell noted that Llais had undertaken a lot of deep dive work and wondered whether there was merit in working together and bringing this into the Joint Committee to explore further and to cut down on duplication.</p> <p>Mr Skitt stated it was interesting how the pendulum swings as the former Mid Wales Healthcare Collaborative did everything which had been described including undertaking engagement events and co-ordinating a small working group of engagement leads. The general feeling was that this was stepping across and a repetition of the work of those Mid Wales organisations and instead the Joint Committee would glean information from whatever was happening across the region. There was a need to careful about how to handle that and if the Joint Committee became an engagement team then this would result in more work and stepping across existing work. The role of the Joint Committee was to pull in feedback which affects the Mid Wales population as they don't deliver services. There was a need to allow organisations to engage.</p> <p>Ms Thomas advised that there was a need to look at what they had already done and how to use it. For Powys this was about cross border and not just about a county or a Health Board area. There was something about best practice but there were well known challenges around finding ways beyond</p> | <p>HT</p> |

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| | <p>getting a view and moving to a space of co-producing and co-design and actively sharing. This was about being clear about the role and purpose of organisations including Llais and Regional Partnership Boards etc. Where there were cross border issues what additional ways could they support in sharing best practice and innovative ways of working.</p> <p>Mrs Hardisty made reference to the fact that there were other partnership groups in place and it was a busy landscape. The Cabinet Secretary had commissioned an accountability review which had been submitted to the First Minister and she was aware this review did make reference to and overlap.</p> <p>Members of the Joint Committee noted for information the update report on the RHCW Work Programme 2024/25</p> | |
| <p>JC(24)06</p> | <p>Annual plans for Mid Wales organisations</p> <p>The following updates on 2024/25 annual plans for Mid Wales Health Boards were received:</p> <ul style="list-style-type: none"> <p>• Betsi Cadwaladr University Health Board</p> <p>Mrs Hooson reported that Betsi Cadwaladr University Health Board had been unable to produce a financially balanced plan, however, they had submitted an annual plan. The annual plan built on the special measures escalation plan, there were 5 priority objectives for special measures and it had focused on those measures which led to improvements. The Health Board was looking to deliver on its 10 year strategy. There was an expectation to work regionally, and in many respects the Health Board did cover a whole regional footprint covering North Wales, however, there were opportunities to look at services on a wider regional footprint. There were opportunities to look at contracting with other organisations across North Wales and also NHS England. The delivery plan also included special measure priorities and ministerial objectives. The Health Board had not yet received feedback on their plan.</p> <p>• Powys Teaching Health Board</p> <p>Mr Powell shared a presentation slide detailing the plan on a page for Powys Teaching Health Board. The plan covered a 5 year period but they had built on some of the previous strategic documents and the existing plan. Powys had not been able to submit a balanced financial plan and had submitted a deficit plan for the next 3 years. Powys were in enhanced monitoring for planning and finance which was unchanged from the 2023/24 financial year. There was a need to work more closely with the Local Authority on their plans to improve care closer to home and improve outcomes.</p> <p>The plan was supported by 4 enabling objectives (Focus on Wellbeing, Early Help and Support, Tackling the big Four and Joined Up Care) with a particular emphasis on quality which was the golden thread throughout their plan. From a performance perspective they have set a challenging performance trajectory for services delivered in Powys and because they commission £160m of care they are looking towards those organisations who deliver services on behalf of Powys.</p> | |

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| | <p>• Hywel Dda University Health Board</p> <p>Prof. Kloer advised that similar to other Health Boards, Hywel Dda University Health Board had also submitted an annual plan as they were unable to submit a financially balanced plan. They had moved into targeted intervention in February 2024 and given that shift in escalation they wanted to produce a clear annual plan. One of the key challenges was the fragility of services and the Health Board was developing a clinical services plan for 10 service areas for which there was a read across to some of the Joint Committee's priorities. Some progress had been made around recruitment including the Consultant Rheumatologist which was a high value post. He also referred to the establishment of the colorectal clinics at Newtown which was a positive development to build upon. Hywel Dda had a relationship with Swansea Bay University Health Board but acknowledged that they did not have a Mid Wales relationship which they needed to be mindful as well. The Health Board had not yet received feedback on their plan.</p> <p>Prof. Kloer stated there was a need for Mid Wales input into each of the Health Board plans to ensure they were accounted for in the planning phases and that there was a trail for that. There was also a need to ensure that the Mid Wales population was not adversely affected by the organisational plans. A lot of the organisational plans were very similar in terms of the outcomes being sought but this was about working regionally to bring the plan to life.</p> <p>The Joint Committee noted the update on 2024/25 annual plans for Mid Wales organisations.</p> | |
| JC(24)07 | <p>Listening to You</p> <p>Mrs Hardisty advised that no questions were received in advance of the meeting. No verbal questions were raised during the Listening to You session.</p> | |
| JC(24)08 | <p>Any Other Business</p> <p>There was no other business.</p> | |
| JC(24)09 | <p>Joint Committee meetings</p> <p>Mrs Williams presented the report on the arrangements for future Joint Committee Autumn meetings. Members were asked for their feedback on the Autumn meeting of 2023 which was held at the end of the last day of the Rural Health and Wales conference. Members were also asked for their views on whether future Autumn meetings should coincide with the conference or be a standalone meeting on another date and whether they should be virtual, face to face or a hybrid arrangement.</p> <p>Prof. Kloer advised that he would find it helpful to have the opportunity to have a face to face meeting but that there should be a virtual facility for those who can't attend in person. As to whether linking the Joint Committee meeting to the conference worked he was unsure and maybe there were some advantages.</p> <p>Mrs Blackburn noted that the Autumn meeting in 2023 was held at the end of a long day and questioned whether this was the most productive way to do this. With regards to face to face meetings she felt it would be beneficial to help establish connections.</p> | |

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| | <p>Mrs Hooson’s observation was that the meeting was a series of presentations which she felt had been difficult to co-ordinate and in terms of pulling the meeting together it wasn’t straightforward.</p> <p>Ms Thomas advised that her concern was the wellbeing of staff who had already organised a two day conference and she didn’t feel it was right to hold a meeting into the night in rural Mid Wales. She personally felt it didn’t work to add a meeting on to the end of a conference.</p> <p>Ms Prytherch stated that the conference had already been set up so to have a meeting at the end of the day was no extra work. The conference had full attendance on both days but very little of those attendees stayed on for the meeting so this didn’t achieve the aim of getting more people to attend.</p> <p>Cllr. Jones raised concerns regarding the meeting frequency being reduced from four times a year to twice a year especially with the recent concerns of the Mid Wales population regarding the Wales Air Ambulance proposals to reduce two sites to one in North Wales. If the meeting frequency was twice a year then the public may be questioning another change. Mr Skitt confirmed that the meeting frequency had been changed to twice a year in 2023 following a post Covid-19 review of the future arrangements of the Joint Committee.</p> <p>Mrs Hardisty concluded that the general feeling of members was that the Joint Committee meeting should not be held at the same as the Rural Health and Care Wales conference but that further consideration should be given to the meeting being face to face with facilities available for people who can’t attend in person. There was value in people getting together but maybe not every time. There was also a need to consider whether two meetings a year was sufficient given the comments regarding the concerns of the Mid Wales population regarding the Emergency Medical Retrieval and Transfer service.</p> <p>The Joint Committee agreed that their feedback regarding future Joint Committee meetings should be taken back to the Mid Wales Planning and Delivery Executive Group for further consideration.</p> | HT |
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| BCUHB | Betsi Cadwaladr University Health Board |
| MWCAG | Mid Wales Clinical Advisory Group |
| HDdUHB | Hywel Dda University Health Board |
| HB | Health Board |
| MWJC | Mid Wales Joint Committee |
| MWJSG | Mid Wales Joint Scrutiny Group |
| MWPDEG | Mid Wales Planning and Delivery Executive Group |
| PTHB | Powys Teaching Health Board |
| RHCW | Rural Health and Care Wales |
| WAST | Welsh Ambulance Services NHS Trust |

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

Table of actions from the Mid Wales Joint Committee meeting held on 29th April 2024

| Minute ref. | Action | Lead | Timescale | Progress |
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| JC(24)04 | <p>Rural Health and Care Wales work programme – Social care Feedback back to the Rural Health and Care Wales Stakeholder Group the Joint Committee’s discussions on the work programme and that consideration be given to the social care priorities together with an understanding of the whole system with social care including care closer to home. A response to be provided to the Mid Wales Planning and Delivery Executive Group.</p> | PS | 30/06/24 | <p>Complete Rural Health and Care Wales work programme is linked to the Joint Committee priorities including social care priorities introduced in 2023/24. Work programme includes social care related projects and will be kept under review by the Rural Health and Care Wales Stakeholder Group and Mid Wales Planning and Delivery Executive Group..</p> |
| JC(24)05 | <p>Rural Health and Care Wales aims The Mid Wales Planning and Delivery Executive Group discuss whether there was a need to review the Rural Health and Care aims.</p> | HT | 30/05/24 | <p>Complete During the review of the Joint Committee aims the Mid Wales Planning and Delivery Executive Group the Rural Health and Care Wales aims were considered and agreed that a review was not required.</p> |
| JC(24)05 | <p>Mid Wales Joint Committee aims and engagement The Mid Wales and Planning Delivery Group to look at the five Joint Committee aims to see how they were interpreted and how they are purposely taking forward the engagement.</p> | HT | 30/05/24 | <p>In progress Mid Wales Planning and Delivery Executive Group have asked that a mapping exercise be undertaken of the engagement and consultation projects currently being undertaken and planned for Mid Wales for ensuring all organisations are informed of each other’s projects and which will be considered against the Joint Committee aims.</p> |
| JC(24)09 | <p>Future Joint Committee meetings Feedback regarding the arrangements for future Joint Committee meetings to be taken back to the Mid Wales Planning and Delivery Executive Group for further consideration.</p> | HT | 30/05/24 | <p>Complete Feedback discussed at the Mid Wales Planning and Delivery Executive Group and agreed Autumn meeting to be held separately to the Rural Health and Care Wales conference with meeting frequency to remain at twice a year.</p> |