

EITEM AGENDA / AGENDA ITEM: 2

Cyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal / Mid Wales Joint Committee for Health and Care			
Dyddiad y Cyfarfod: Date of Meeting:	25 th April 2023		
Eitem ar yr Agenda: Title of Report:	Minutes of the Mid Wales Joint Committee meeting held on 31 st October 2022		
Arweinydd Lead:	Maria Battle, Chair of Hywel Dda University Health Board and Interim Lead Chair of the 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 31 st October 2022	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 Zoom on 31 st October 2022 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 31 st October 2022.			

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

Time and date of meeting:	10.00am Monday 31 st October 2022
Venue:	Virtual meeting via Microsoft Teams
Present:	<p>Members Maria Battle, Chair, HDdUHB and Lead Chair, MWJC Steve Moore, Chief Executive, HDdUHB and Lead Chief Executive, MWJC Carl Cooper, Chair, PTHB Sally Baxter, Assistant Director Health Strategy Planning, BCUHB Jack Evershed, Chair of RHCW Management Group Cllr. Bryan Davies, Leader, Ceredigion County Council Nina Davies, Interim Director of Social Services and Housing, 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 Dr David Collington, Chair, Powys CHC Jackie Allen, Board Member, North Wales CHC Professor Gabrielle Heathcote, Ceredigion Local Committee, Hywel Dda CHC</p>
In attendance:	<p>Peter Skitt, County Director Ceredigion, HDdUHB / Programme Lead, MWJC Cllr. Paul Hinge, Ceredigion County Council / MWJSC Cllr. Ceris Jones, Ceredigion County Council / MWJSC Cllr. Eryl Jones-Williams, Gwynedd Council / MWJSC Cllr. John Pughe, Gwynedd Council / MWJSC Cllr. Linda Jones, Gwynedd Council / MWJSC Bethan Adams, Gwynedd Council / MWJSC Nia Williams, Programme Manager, MWJC Emma Brooke, Project Support Officer, MWJC Anna Prytherch, Head of Rural Health and Care Wales, RHCW Plus three members of the public and one translator</p>

Ref	Agenda Item	Action
JC(22)11	<p>Welcome and Apologies for absence The Chair welcomed everyone to the second meeting of the Joint Committee for 2022. Mrs Battle reported that she had taken over the role of Interim Lead Chair in place of Professor Vivienne Harpwood whose role as Chair of Powys Teaching Health Board and the Joint Committee ended on 16th October 2022. She extended her thanks to Prof. Harpwood for her support and leadership of the Mid Wales Joint Committee and the former Mid Wales Healthcare Collaborative over the last 8 years. Thanks were also extended to Ceredigion County Council colleagues for their support in setting up and hosting the Zoom link for the meeting.</p> <p>The meeting was being transmitted live to allow members of the public the opportunity to observe the discussions and ask any questions during the Listening to You agenda item with a simultaneous Welsh Language translation service available.</p>	

	<p>Apologies for absence were received from the following:</p> <ul style="list-style-type: none"> • Carol Shillabeer, Chief Executive, PTHB • Jason Killens, Chief Executive, WAST • Jo Whitehead, Chief Executive, BCUHB • Dr Kate Wright, Medical Director, PTHB and Lead Executive Clinical Director, MWJC • Stephen Powell, Director of Planning and Performance, PTHB and Lead Director of Planning, MWJC • Joy Baker, North Wales Local Committee, North Wales CHC • Audrey Somerton-Edwards, Interim Director of Social Services, Ceredigion County Council • Cllr. Alun Williams, Deputy Leader, Ceredigion County Council • Cllr. James Gibson-Watt, Leader, Powys County Council 	
<p>JC(22)12</p>	<p>Report of the Lead Chair</p> <p>Mrs Battle presented the report of the Lead Chair and acknowledged the difficult time that the service was currently going through.</p> <p>There had been some key changes to membership of the Joint Committee as follows:</p> <ul style="list-style-type: none"> • Jack Evershed was no longer Chair of the Mid Wales Public and Patient Engagement and Involvement Forum. Engagement and involvement with the Mid Wales population would now be undertaken through existing mechanisms for Health Boards and Local Authorities which had strengthened significantly over the years. The Chair extended her thanks and appreciation to Jack Evershed for representing the views of the Mid Wales population and extended her congratulations to him in his new role as a board member for the Citizens Voice Body. • Dylan Owen had been appointed as the Corporate Director Lead for Adult Social Services and Health (Strategic) for Gwynedd Council. • Nina Davies was now the Interim Director of Social Services for Powys County Council. • Audrey Somerton-Edwards was the Interim Statutory Director of Social Services for Ceredigion County Council. <p>Following the Local Authority elections in May 2022, Ceredigion County Council and Gwynedd Council representation on the Mid Wales Joint Scrutiny Group had now been confirmed. Powys County Council had ceased their membership of this group due to re-structuring and pressures on time, however, it was hoped that they would be in a position to re-engage with the group in the future.</p> <p>Cllr. Hinge expressed disappointment that Powys Council were not represented on the committee as they represented a big area of Mid Wales so this must be disappointment to the people from this area who use the services at Bronglais General Hospital. This meant they were not able to have a voice for services being delivered in the area and where services were being restructured. Mr Moore clarified that these comments related to membership of the Mid Wales Scrutiny Group and wanted to provide reassurance that there was lots of joint working going on with Powys. Cllr. Hinge felt less reassured as the scrutiny group's role was to scrutinise the</p>	

	<p>work of the Joint Committee on behalf of the population and he felt that this was a lost opportunity. It was agreed that Maria Battle would make representations to Powys County Council for them to re-join the Mid Wales Scrutiny Group.</p> <p>The Mid Wales Joint Committee noted for information the report of the Lead Chair.</p>	MB
<p>JC(22)13</p>	<p>Future arrangements for the Mid Wales Joint Committee</p> <p>Mr Moore presented the report on the future arrangements for the Joint Committee, which he had discussed with Mr Evershed, as he recognised organisations were very different to where they were 8 years ago. There was a renewed focus on Mid Wales and a desire to establish longer term sustainable arrangements. Initially it was thought the Joint Committee would be in place for 2 years but it was still here and he took this as a positive. There were strong foundations in place for partnerships and it felt like just the way we did business. The paper set out the proposed changes and one of the things which it demonstrated was the ability to work together with our communities. One key change was for Joint Committee meetings to be bi-annual with one meeting in April on its future priorities and an conference in November joint with Rural Health and Care Wales which would allow the progress on priorities to be showcased. The Mid Wales Planning and Delivery Executive Group would continue to meet quarterly with regular reports to Health Boards, the Mid Wales Clinical Advisory Group to meet every 2 months and continue in its current form and the establishment of the Mid Wales Social Care group to ensure a focus on social care. Existing organisational arrangements for engagement and involvement would now be reverted to as there was a recognition these were now strengthened with the annual joint committee conference to hear from the public. Rural Health and Care Wales would remain with the option of an academic home to be explored. The Mid Wales Scrutiny Group would continue with a review of its membership and it was hoped Powys Council would be able to re-join. The Joint Committee support team would continue to be in place.</p> <p>Mr Evershed noted that the Joint Committee was a different beast to the former Mid Wales Healthcare Collaborative. Those held to account were individual statutory bodies and it seemed silly for them to come to these meetings and then report back to their own organisations. He suggested that each Health Board should provide their own report to their own meetings as to what they were doing within Mid Wales so members of the public could challenge what they were doing and it was incumbent for Health Boards to come up with the report rather than rely on the team to draft the reports. What people would want to see is that this is mentioned in Health Board meetings and so people could see what the joint working was and provide evidence so populations could see what was happening. He voiced reservations about exploring an academic home for Rural Health and Care Wales which needed further discussion outside of the meeting.</p> <p>Cllr. Jones-Williams stated that the Welsh Government were putting pressure on reducing waiting times. At a report of the last meeting he had noted that patients would have to travel further for treatment. He had heard of examples where those living in north Gwynedd had appointments at Gloucester and</p>	

	<p>Hereford for cataract surgery and as these people couldn't drive they had to have family members to take them there. He acknowledged that they had to tackle waiting times but they had to stop putting the burden on people who lived in rural areas.</p> <p>Cllr. Hinge stated that if this was collaborative working between health and social care then reports had to go to Local Authorities as well as Health Boards as assurances were needed there as well. There was a need to be truthful about where the problems were and if the problems were funding then there was a need to be open and have a collaborative discussion about this.</p> <p>Mr Moore referred to Mr Evershed's comments which he agreed with and the Mid Wales area had never been formally defined. There was a need for further discussions regarding Rural Health Care Wales for which there was no rush. With regards to Cllr. Jones-Williams's' comments, there were so many people in pain waiting for treatment and there was a role for providing a choice and they wanted to offer the opportunity for people to have treatment elsewhere because some would want to take up this offer as there was limited private hospital capacity in West Wales. Bronglais General Hospital had great theatres for which they were looking to maximise, however, with winter pressures they were looking to ringfence beds. In response to Cllr. Hinge's comments, the care sector was facing significant challenges and he was right that there was a need to be truthful and it was difficult to discharge patients.</p> <p>Mrs Battle advised that she was happy to speak to fellow chairs about update reports and also to talk to the support team about sharing the message with Local Authority leaders. More transparency of data for social care was needed and only when this data was available could they focus on the position in real time. This was not available on a national or regional basis and she was personally trying to champion this. Cllr. Hinge advised that he was under the impression that they had signed WASPI agreements and questioned why they were having blockages. Mr Moore clarified that WASPI was useful to share data on a day to day basis as the data described part of the problem but there wasn't a national dataset which was currently being worked on.</p> <p>The Joint Committee agreed the recommended proposals of the Mid Wales Planning and Delivery Executive Group for the future arrangements for the Mid Wales Joint Committee with update reports to be shared with both Health Boards and Local Authorities.</p>	
<p>JC(22)14</p>	<p>Mid Wales Joint Committee's Priorities and Delivery Plan 2022/23 including the report of the Lead Chief Executive and the Mid Wales Planning and Delivery Executive Group</p> <p>Mr Moore noted that they were struggling to get the momentum back following the last wave of the COVID-19 pandemic and staff taking leave, however, they were now starting to see some progress. The opening of the Aberystwyth School of Nursing was a strategic game changer for the whole of Mid Wales. Progress was being made around dentistry and there as some re-thinking around the joint ophthalmology post for which there were lots of options and some good opportunities.</p>	

	<p>Mr Skitt referred to progress being made in urology with GPs and Urologists now talking about the urology pathway. The Mid Wales Strategic Commissioning group was now fully established and discussions were now being progressed on Colorectal services and the Consultant Rheumatology post. Mr Moore referred to the importance of getting a second colorectal surgeon at Bronglais General Hospital which was fantastic news.</p> <p>In response to a query from Mr Evershed, Mr Skitt advised that the Mid Wales Strategic Commissioning Group comprised planning, commissioning and operational representatives from the three Health Boards to discuss specifics around how they could support each other and new services across the patch to support patient flows and pathways. It was a good meeting to bring together people who purchase the care and the operational teams who were accountable for delivery. Mrs Baxter added that the group looked at local capacity to help identify more local solutions and also what was already available before developing models.</p> <p>Cllr. Jones-Williams asked whether Hywel Dda UHB and Powys THB were looking to get robots as he recently had a meeting with the Chief Executive of Betsi Cadwaladr UHB who were looking to get robots in Bangor which was already having a positive effect on attracting consultants to the area. Mr Moore advised that Hywel Dda UHB were in discussions with Welsh Government to get one into Glangwili General Hospital which would be used for training and this was seen as a start to getting robots into theatres. The robots would fit into existing theatres and it was hoped in time, with Welsh Government financial support, they would get them into theatres and they would help with procedures including colorectal. Mrs Battle advised that she had met with a patient who had robotic surgery and they had advised that recovery was much better.</p> <p>The Mid Wales Joint Committee noted the update report on the Mid Wales Priorities and Delivery Plan 2022/23 which includes the report of the Lead Chief Executive and the Mid Wales Planning and Delivery Executive Group.</p>	
<p>JC(22)15</p>	<p>Mid Wales Joint Committee Subgroups update report Mid Wales Clinical Advisory Group (MWCAG) Mr Skitt presented the report which described the work of the group which was on-going. It was important to note that the MWCAG priorities were included within the Mid Wales plan. The key issue was to get clinical engagement and it was important to get public health involvement in the group. Reference was made to the North Powys Wellbeing Programme and the need for discussions with Shropshire and Telford NHS Trust and Wye Valley NHS Trust.</p> <p>Mid Wales Public and Patient Engagement and Involvement Forum closure report It was noted that the closure report had already been discussed under agenda item JC(22)13.</p> <p>Rural Health and Care Wales (RHCW) Stakeholder Group Mr Evershed reported that the stakeholder group was meeting regularly and had received two presentations of interest - one on transport and the impact</p>	

	<p>on health and one on Health Education and Improvement Wales (HEIW) multidisciplinary training for community and primary care to strengthen the workforce in rural areas. They were trialling practice nurse training, however, there was so much work happening in this area that they were running out of placements. A report had been received on training across Wales and a meeting would be held with HEIW to discuss the recommendations to see if there was anything else they could do to add to what they were already doing.</p> <p>Members of the Joint Committee noted for information the update reports on its Subgroups.</p>	
JC(22)16	<p>Rural Health and Care Wales (RHCW) Work programme – 2022/23 Ms Prytherch presented the report and made particular reference to the Cardi Care closure event and the securing of Macmillan funding to look at the impact on cancer patients in rural areas against those living in urban areas. The application grant for the Solva Care project had been turned down but they were looking to make another submission. The RHCW conference was planned for 8th and 9th November 2022 and everyone was welcome to attend.</p> <p>Mr Evershed added that the Cardi Care event had representatives from Solva Care present and they were trialling domiciliary care. They had been asked to attend next year's conference to report on how they were doing this.</p> <p>Members of the Joint Committee noted for information the update report on the RHCW Work Programme 2022/23</p>	
JC(22)17	<p>Update on Key Programmes across Mid Wales Powys Teaching Health Board: North Powys Wellbeing programme Mr Powell was unable to join the meeting due to technical issues. It was noted that members had read the report and noted its contents.</p> <p>Hywel Dda University Health Board: A Healthier Mid and West Wales Programme Business Case - Detail on Bronglais General Hospital Mr Moore advised that an update on the Hywel Programme Business Case would be presented to the Board of Hywel Dda UHB at its November Board meeting and he would ask the joint committee team to share with members. The Board had undertaken a careful review of 11 options for land which had been whittled down to 3 options and the paper going to the Board was to seek approval to go out to formal consultation for the 3 options, which would help identify the preferred site. Welsh Government feedback on the Programme Business Case had been received in early September and they had asked for a desktop review of the clinical model to be scrutinised by a representative from outside of the organisation and also the development of the Strategic Outline Case. This was for the south of Hywel Dda but the north shouldn't be forgotten and the development of the Aberystwyth Integrated Care Centre was important for the population. Mrs Battle and Mr Moore had spent the summer engaging with people and had taken a number of people around the Integrated Care Centres already established to see how they worked and to allay any fears. Ceredigion had been leading way with the development of Integrated Care Centres at Aberaeron and Cardigan.</p>	

	<p>Mr Moore advised that with regards to the review of the Bronglais General Hospital Strategy there was a need to make sure they knew where they were post pandemic but they were not looking to change the strategy. Mr Skitt added that the review would be clinically driven with all clinicians involved and any key updates would be brought back through the Joint Committee arrangements.</p> <p>The Mid Wales Joint Committee noted the updates on the following:</p> <ul style="list-style-type: none"> • Powys Teaching Health Board: North Powys Wellbeing programme • Hywel Dda University Health Board: A Healthier Mid and West Wales Programme Business Case – Detail on Bronglais General Hospital. 	
JC(22)18	<p>Recovery in Mid Wales</p> <p>Mr Moore noted that recovery had already been discussed earlier in the meeting. This was about the esoteric of plans and Health Boards were looking at planned care, cancer care and reaching ministerial priorities. All Health Boards had been updated about where they were at with trajectories, urgent emergency care pressures and challenges in domiciliary care. These challenges would always affect the position and there was a need to work to get back to where the service was at pre-pandemic.</p> <p>Mrs Baxter thanked Mr Moore for raising the challenging nature of what was going on in the service at the moment which was unprecedented and referred to the cost of living crisis which would have an affect on people’s health which would be seen for a number of years. She was aware that Welsh Government were considering the planning guidance for which there may be changes to their priorities in light of this.</p> <p>Cllr. Hinge referred to Mr Moore’s statement about wanting to return to pre-pandemic levels and stated there must be some changes to the priorities. The concern was they would want to run before they could walk and the priorities needed to be necessary and relevant to the region. Mr Moore advised that there were active discussions with Welsh Government. There was a need to change the current situation for performance which they were trying to focus on alongside cancer. There was a need to focus on infrastructure and facilities which allowed the delivery of healthcare. Also workforce needed to be another key area of focus. The Aberystwyth School of Nursing would support this and he had met with people from the Tregaron and Gwynedd areas who never through they’d get into nursing. Further work was needed to develop GPs as it took 14 years to get a fully trained GP. Mrs Battle was aware of the enthusiasm of students who were studying at Aberystwyth University who would not have become nurses if they had to travel to Swansea for training.</p> <p>The Joint Committee noted for information the report outlining how individual organisational COVID-19 recovery plans would support the position across Mid Wales.</p>	
JC(22)19	<p>Minutes and Matters arising of the Mid Wales Joint Committee meeting held on 27th June 2022</p> <p>The minutes of the Joint Committee meeting held on 27th June 2022 were agreed as a correct record.</p>	

JC(22)20

Listening to You

Mrs Battle advised that one question had been received in advance of the meeting in relation to the Bro Ddyfi development and the response provided was included within the papers. Members of the public observing the meeting were invited to ask any questions or provide comments on the presentations/papers provided during the meeting.

- Mr Keith Jackson had found the meeting very useful to catch up on what was happening. People of this part of North Powys were surprised that the £26million investment at the Bro Ddyfi development was not looking at collaboration across Health Boards. There was a need to put more pressure on Powys THB to engage and go back to the strategy of the collaborative.

Mrs Battle agreed to share the views expressed by Mr Jackson with Powys THB. Mr Moore stated that it was absolutely in the mind for the Bronglais General Hospital perspective to reach out to Powys with clinicians and they were absolutely committed to reaching out to that facility. Mr Skitt added that there were lots of discussions going on which were happening through the commissioning group, both for the North Powys Wellbeing programme which were on-going and for the Bro Ddyfi development which were fairly recent.

- Cllr. Jones-Williams advised that a lot of money was being spent on the Bro Ddyfi development and he was concerned what affect this would have on Dolgellau and Tywyn hospitals. He referred to the proposed closure of the air ambulance sites at Welshpool and Caernarfon and re-siting to Rhuddlan which was a long way from Mid Wales. He was unsure as to how to get the public involved and as a councillor most complaints he received were to do with NHS. He knew who to contact but the general public were reluctant to complain and there should be a venue to make this easier. The CHC were there but they were not as good as they should be as they only heard when things had gone too far. He could see Dilwyn Morgan was present at the meeting, he had heard a lot about bed blocking but it wasn't social care who had closed the cottage hospitals but the NHS. Staffing was a problem and the public did understand. County councillors had a responsibility to talk to the public and encourage them to help. He appreciated everything that everyone was doing on this group.

Mrs Baxter provided reassurance that the impact on Tywyn and Dolgellau Hospitals and any changes in pathways would be positive. They wouldn't support anything which detracted from what was being delivered in the Betsi Cadwaladr UHB patch. There had been discussions around virtual hospitals which was seen as positive and better provision was being developed across the area. For Tywyn hospital the development of an integrated model was being progressed and it was hoped urgent primary care would be in place at end of the year / early next year. The patient participation group had met and the best models would be provided there. The concerns regarding the air ambulance were understood.

- Cllr. Hinge re-iterated the importance of getting the air ambulance site as close as possible to Mid Wales. He was aware of an incident the previous week where an air ambulance was needed and another two incidents near to Machynlleth where patients had to be transferred to Stoke. This was important as he was aware there were issues with ambulance recovery times and getting patients to hospital. If there was going to be an air ambulance which was Welsh Government commissioned with public donations then it needed to be relevant to the area.

Mrs Allen advised that the CHC had received several presentations on the air ambulance proposals and further discussions had been held with the ambulance commissioner who had provided reassurances that there would be continuous engagement prior to the finalisation of the plan. She felt pretty confident that they were supported and welcomed them going out to communities to engage. The issue was the land access rather than the air access for which further information had been requested. Mrs Allen confirmed that she would keep the group updated on this matter.

Cllr. Ceris Jones advised that in her role as a staff member for Hywel Dda UHB she was aware that it was hoped that Bronlais General Hospital would be providing a pacemaker clinic at Bro Ddyfi Hospital in addition to the clinic being provided at Tywyn Hospital.

- Cllr. Hinge stated that Bro Dyfi Hospital was important as a hub as the distances that are easy achievable in a metropolitan areas were not as easy to achieve in rural areas. The investment of £26m was very much appreciated and if there were more opportunities to get treatments into the area then the better.
- Cllr. Pughe made reference to his previous role as an ambulance officer and patients were known to have to wait 3 to 6 hours in the area. He re-iterated the importance of keeping the air ambulance sites in Caernarfon and Newtown. The issue came when the North Wales air ambulance became part of the All Wales air ambulance. During his time as an ambulance officer if they didn't respond to calls within 20 minutes there would be implications the following day. He was aware ambulance staff were receiving abuse as they weren't able to turn up to calls for hours. There was no MIU at Tywyn Hospital which was another issue and he was aware that they wouldn't see a patient with a broken hip.

Mrs Battle referred to the 1,600 patients in hospital across Wales who couldn't be discharged. Everyone needed to come together to address the issues in the whole system. Prioritisation and national data was key to this.

- Mrs Gwen Stevens outlined a number of issues relating to services in the Tywyn area. For the GP surgery, people couldn't get an appointment for 6 weeks, the doctors were only working 2 days a week and they were unable to recruit GPs. They had lost a dentist. Older people in the area were suffering as they couldn't travel which was very depressing. Bronlais Hospital provided excellent care and that's where

people from the area went. Although Tywyn was part of Betsi Cadwaladr UHB they felt very much forgotten and neglected in the area and depended very much on Bronglais Hospital. The petition about Betsi Cadwaladr UHB was regarding its size as it was too big and its purpose was to highlight this to the Government. Before the COVID-19 pandemic they had a lot of meetings but there weren't any now and they felt forgotten about.

Mrs Battle thanked Mrs Stevens for her compassion for those living in her area. She was happy to ask the Chair of Betsi Cadwaladr UHB if they would be happy to have a public meeting about the issues raised. The majority of what had been said needed to be heard by the Betsi Cadwaladr UHB Board and there was nothing more powerful than hearing the voice of the public.

Mrs Baxter referred to those who had had a poor experience and she would be happy to take these up outside of the meeting. She relayed an update from the west team and there was a project plan and group in place taking forward developments for the Tywyn area.. They were working on MIU and minor illness support for the GP practice and hospital. They were recruiting more MIU staff and in terms of other support trainee GP, nurse practitioner and trainee advanced paramedic support had started at the practice. She would ask the west team to do something to communicate with the area which would link with Mrs Battle's discussion with the Chair of Betsi Cadwaladr UHB. There were 11 beds open at Tywyn Hospital which was 1 over the establishment. It was important to do this as an integrated service as there were issues with discharging patients. It was **agreed** Mrs Baxter would provide an update to the older persons forum so they could help spread the message. Mrs Baxter advised that she was aware that a petition had been started regarding the size of Betsi Cadwaladr UHB for which the point had been made fairly frequently over the years. The structure and leadership for Betsi Cadwaladr UHB had been changed to have a more local focus together with the operational model which would support a more local focus. The west leadership team were keen to make connections.

- Mrs Allen advised that she had the opportunity to attend Tywyn Hospital when it had 16 beds and when she had since attended she was horrified that there were only 9/10 beds with the sister doubling up and undertaking MIU work. Recruiting staff had always been an issue. It was general across North Wales to wait 6 weeks to see a named GP. Access to GPs and NHS dentistry was a major issue for North Wales. She appreciated that Tywyn and West of North Wales needed engagement from the Chair of Betsi Cadwaladr UHB and suggested that the whole of North Wales was in the same situation.
- Cllr. Linda Jones advised that for Blaenau Ffestiniog the GP surgery had one full time and one part time doctor and they relied on locums. Some days they didn't have doctors. The nearest MIU was in Porthmadog and patients were sent to Bangor. Without the air ambulance the area would be in dire straits. There was no NHS dentistry and some people couldn't afford the bus to Pwllheli let alone pay for Denplan. The beds at

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	<p>Blaenau Ffestiniog Hospital had been removed and the beds at Tywyn Hospital had been reduced.</p> <p>Mrs Battle advised that a lot of issues relating to Betsi Cadwaladr UHB had been raised. She would be attending a meeting the following day at which the Chair of BCUHB would be present and she would share the concerns raised with him and ask him to attend local meetings.</p> <p>Mr Evershed added that when the Mid Wales Healthcare Collaborative was established they didn't identify the Mid Wales area as there were issues as far reaching as Blaenau Ffestiniog. Hywel Dda UHB and Powys THB were happy to provide support to Betsi Cadwaladr UHB with the issues raised.</p> <ul style="list-style-type: none"> • Cllr. Pugh agreed that it would be helpful to have a meeting in Tywyn and as Chair of Neuadd Pendre Hall Committee he was sure they would be more than happy to have the meeting there. There were issues with not being able to get doctors to the area, people on end of life care not being able to get medications and not being able to get ambulances. • Mrs Stevens welcomed a meeting at Tywyn which was desperately needed. She was Chair of the South Meirionnydd older person's forum and a felt that a lot had dropped off since the COVID-19 pandemic. Mr Skitt added that the Joint Committee would be happy to facilitate any meetings related to Tywyn Hospital and Bro Ddyfi Hospital. • Mr Evershed thanked everyone involved in the Mid Wales project and everyone with the genuine commitment including members of the public, in particular, Mr Jackson and Mrs Stevens. 	
JC(22)21	<p>Any Other Business There was no other business.</p>	

KEY	
BCUHB	Betsi Cadwaladr University Health Board
MWCAG	Mid Wales Clinical Advisory Group
CHC	Community Health Council
HDdUHB	Hywel Dda University Health Board
HB	Health Board
MIU	Minor Injuries Unit
MWJC	Mid Wales Joint Committee
MWJSC	Mid Wales Joint Scrutiny Committee
MWPDEG	Mid Wales Planning and Delivery Executive Group
MWPPEI	Public and Patient Engagement and Involvement
PTHB	Powys Teaching Health Board
RHCW	Rural Health and Care Wales
WASPI	Welsh Accord on Sharing of Personal Information
WAST	Welsh Ambulance Services NHS Trust
WG	Welsh Government

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

Table of actions from the Mid Wales Joint Committee meeting held on 31st October 2022

Minute ref.	Action	Lead	Timescale	Progress
JC(22)12	Mid Wales Joint Scrutiny Group Make representations to Powys County Council for them to re-join the Mid Wales Joint Scrutiny Group.	MB	21/11/22	Actioned Powys County Council have advised that they will re-engage with the group and provided the name of their representative.
JC(22)20	Tywyn Hospital update Provide an update on work being undertaken on Tywyn Hospital to the older persons forum.	SB	30/11/22	