

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

TERMS OF REFERENCE AND OPERATING FRAMEWORK

Partners:

Betsi Cadwaladr University Health Board (BCUHB)
 Hywel Dda University Health Board (HDdUHB)
 Powys Teaching Health Board (PTHB)
 Welsh Ambulance Service NHS Trust (WAST)
 Ceredigion County Council (CCC)
 Powys County Council (PCC)
 Gwynedd Council (GC)

1. Purpose

The purpose of the Mid Wales Joint Committee (MWJC), as a formal sub-committee of NHS Boards, is to:

- 1.1 Identify annual/3 year key priorities for service development for the relevant population into a Joint Committee Work Plan; articulating these as a clear and core part of organisations Integrated Medium Term Plan/Annual Plan.
- 1.2 Work collectively to implement agreed key service developments; ensuring clear, robust mechanisms for delivery, including performance management mechanisms, via the Joint Committee to individual Boards.
- 1.3 Develop and implement clear mechanisms for engagement, involvement and consultation, and communication with the relevant population, and community/stakeholder groups; ensuring that plans, priorities for service development and evaluation of services are co-produced.
- 1.4 Ensure mechanisms are developed that enable close working with and engagement of other key vehicles for improving health and well-being and delivering integrated services; specifically but not exclusively Regional Partnership Boards, Public Service Boards and other NHS Joint Committees/equivalents.

2. Principles

The MWJC will operate within the following principles:

- There must be an open and honest relationship with the people of Mid Wales.
- Institutional Boundaries will not prevent collaborative service planning and delivery.
- Productive and constructive relationships with Local Authorities and the Third Sector must be supported across Mid Wales.
- Viability and sustainability of service provision is not only the responsibility of the host organisation but is a collective responsibility of the Joint Committee for Mid Wales.
- Service planning and delivery in Mid Wales must be population based not solely organisationally focused.
- Promote new thinking and innovative practice.
- When required pooled funding should be available to enable collaborative service delivery for the Mid Wales population.

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- Clinical collaboration across the Mid Wales area on the planning and delivery of services must be encouraged and supported.

3. Chair and Membership

3.1 The MWJC will be chaired by a nominated Chair of a Health Board, working on behalf of other Chairs, in rotation for a period of 2 years.

3.2 The membership of the group shall comprise the following:

Members	
Lead Chair*	One nominated representative from one of the three Mid Wales Health Boards (Betsi Cadwaladr UHB, Hywel Dda UHB, Powys THB)
Chief Executive (including Lead Chief Executive*)	Betsi Cadwaladr UHB Hywel Dda UHB, Powys THB Welsh Ambulance Service NHS Trust
One elected representative and one officer representative	Ceredigion County Council Gwynedd Council Powys County Council
Lead Clinical Executive Director(Medical/Nursing/Therapies)*	Mid Wales Joint Committee
Lead Director of Planning*	Mid Wales Joint Committee
Associate Members	
Sub-group Chairs	Mid Wales Planning and Delivery Executive Group Mid Wales Clinical Advisory Group Rural Health and Care Stakeholder Group
Co-opted Members	
One representative	Llais (Citizens Voice Body)

* Lead Mid Wales Joint Committee roles nominated from one of the three Mid Wales Health Boards:

- Betsi Cadwaladr University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board

3.3 The following will be in attendance at meetings of the MWJC as and when required:

In attendance	
Programme Director	Mid Wales Joint Committee

3.4 The MWJC may co-opt others in an advisory capacity as appropriate.

3.5 The MWJC will invite workstream / priority leads to attend meetings, as required, to provide an update on the delivery of their respective work plan.

4. Quoracy

- 4.1 The quorum for meetings shall be no less than 50% of the membership and must include either the Chair or Lead Chief Executive. Deputies may be nominated to attend where advance notice of their attendance has been given. Deputies will be assumed to have the full delegated authority of the member they represent. Members need to ensure consistency and appropriateness when nominating deputies.
- 4.2 In the event any partners are not represented at meetings which are quorate then any decisions taken by the group will be abided by all partners.
- 4.3 If a quorum has not been reached, then a “non-quorate” meeting may proceed if those attending agree, but any record of the meeting should be clearly indicated as notes rather than formal minutes and decisions will need to be ratified in the next quorate meeting.

5. Frequency of Meetings

- 5.1 The MWJC will meet bi-annually as follows:
 - Annual meeting held in April with its main purpose being a planning meeting for the Joint Committee’s future workplan.
 - Annual conference held in November which will provide an opportunity to showcase the work of the Joint Committee and engage with partners and members of the public on its work.
- 5.2 Additional meetings may be established at the discretion of the Chair.
- 5.3 The Chair, in discussion with Joint Committee team, shall determine the time and the place of meetings of the MWJC and procedures of such meetings. Meetings will have video- and audio-conferencing facilities available.
- 5.4 Meetings will be held in public (apart from in circumstances that require private session – see 5.5 below), however, these will not be public meetings.
- 5.5 The Chair may enact all or part of a meeting that excludes members of the public and press under Section 1(2) Public Bodies (Admission to Meetings) Act 1960.

6. Support

- 6.1 The secretariat support for the MWJC will be provided by the Joint Committee Programme team.

7.1 Reporting

- 7.1 The agenda will be based on actions of the previous meeting, standing agenda items, matters arising and requests from Executive Group members or work commissioned by the MWJC or groups reporting to the MWJC.
- 7.2 Standing agenda items will include:
 - Minutes and Action Log of the previous meeting
 - Report of the Lead Chair
 - Report of the Lead Chief Executive

- Priorities and Delivery plan update report
- Mid Wales Planning and Delivery Executive Group update report
- Mid Wales Clinical Advisory Group update report
- Rural Health and Care Wales Stakeholder Group update report
- Listening to You session

7.3 Agenda and papers for Joint Committee meetings will be distributed in good time, usually at least 7 days prior to the meeting being held and will be made publicly available.

7.4 All meetings shall be formally minuted and a record kept of all reports/documents considered. The primary record of the meeting will be held by the Joint Committee team on behalf of the Chair. The action log will be circulated within 7 days of the meeting. Members must forward amendments within the next seven days and the final version will be agreed with the Chair.

7.5 The MWJC may establish sub-groups or task and finish groups to carry out on its behalf specific aspects of its business. The sub-groups reporting to this group are:

- Mid Wales Planning and Delivery Executive Group
- Mid Wales Clinical Advisory Group
- Rural Health and Care Stakeholder Group

8. Corporate and Financial Governance

8.1 For NHS organisations the Joint Committee will report directly to their respective Board governance structures, acting as a formal sub-committee. Reporting will take place in line with the general principles of openness and transparency already in operation for NHS bodies.

8.2 For Local Authorities the Joint Committee will report on its work to the scrutiny mechanisms in place for these organisations.

8.4 The MWJC itself will not normally hold a budget, apart from an annually agreed sum to undertake the coordination work of the Joint Committee. This would not preclude the development of Section 33 pooled funds as the work of the Joint Committee progresses and pooled funds are seen as an enabler to progress.

8.5 An annual self- assessment of effectiveness of the MWJC will take place. The MWJC may wish to undertake development activities in line with its role and function. There should be a formal review of Terms of Reference and Operating Framework by Boards at least every 2 years.

8.6 The MWJC will act as for forum for making collective recommendations to the statutory organisations for decision.

8.7 Overall responsibility for the planning and delivery of care services should remain with the sovereign bodies. This includes decisions regarding service changes that require formal engagement and consultation.

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9. Engagement

- 9.1 Existing engagement and involvement mechanisms for Health Boards and Local Authorities will be used as the main tools for Mid Wales engagement and involvement.
- 9.2 The Joint Committee Programme Director and team will lead on identifying those Mid Wales specific issues which require action and response by respective Health Boards and Local Authorities.

10. Review of the Terms of Reference

- 10.1 The membership and terms of reference shall be subject to continuous review and any amendments will be subject to approval by the MWJC.

Version	Issued to:	Date	Comments
v1.0	Mid Wales Healthcare Collaborative members	Aug 2017	Feedback received incorporated in version 2.0.
v2.0	Mid Wales Healthcare Collaborative	05/09/17	Re-circulate to members for final feedback.
v3.0	Mid Wales Healthcare Collaborative	05/12/17	Agreed
v4.0	Mid Wales Joint Committee	12/03/18	Agreed
v5.0	Mid Wales Planning and Delivery Executive Group	13/03/23	Agreed
V5.1	Mid Wales Joint Committee	25/04/23	