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:	1 September 2026		
Teitl yr Adroddiad: Title of Report:	Minutes of the Mid Wales Joint Committee meeting held on 13 October 2025		
Arweinydd Lead:	Dr Neil Wooding, Chair of Hywel Dda University Health Board presenting on behalf of Dyfed Edwards, Lead Chair for the Mid Wales Joint Committee and Chair of Betsi Cadwaladr University Health Board		
Pwrpas yr adroddiad: Purpose of the Report:	To agree the draft minutes of the Mid Wales Joint Committee meeting held on 13 October 2025 and consider any matters arising.	**_Ar gyfer cytundeb_ For Agreement**	✓
		Ar gyfer trafodaeth For Discussion	
		Ar gyfer gwybodaeth For Information	

Crynodeb / Summary

A virtual meeting of the Mid Wales Joint Committee was held via Microsoft Teams on 13 October 2025. The draft, unapproved minutes of the meeting are attached for consideration and agreement by the Joint Committee.

Argymhelliad / Recommendation

For Agreement - The Mid Wales Joint Committee is asked to agree the minutes of the meeting held on 13 October 2025.

DRAFT AND UNAPPROVED MINUTES OF THE MEETING OF THE MID WALES JOINT COMMITTEE FOR HEALTH AND CARE		
Time and date of meeting:	10.30am Monday 13 October 2025	
Venue:	Virtual meeting via Microsoft Teams	
Present:	**Members** Dyfed Edwards, Lead Chair, MWJC and Chair, BCUHB (Chair) Prof. Philip Kloer, Lead Chief Executive, MWJC and Chief Executive, HDdUHB Dr Kate Wright, Lead Clinical Director, MWJC and Executive Medical Director, PTHB Nicola Johnson, Lead Planning Director, MWJC and Executive Director of Planning, Performance and Commissioning, PTHB Dr Carl Cooper, Chair, PTHB Hugh Bennett, Assistant Director - Commissioning and Performance, WAST Cllr. Alun Williams, Deputy Leader and Cabinet Member - Through Age and Wellbeing, Ceredigion County Council Cllr. Pete Roberts, Cabinet Member - Caring Powys, Powys County Council **Associate Member** Keith Jones, Director of Operational Planning and Performance, HDdUHB and Programme Director, MWJC **Co-opted Member** Tracey Coombe, Head of Complaints Advocacy and Engagement, Llais	DE PK KW NJ CC HB AW PR KJ TC
In attendance:	Cllr. Beth Lawton, Gwynedd Council and MWJSG Cllr. Sian Maehrlein, Ceredigion County Council and MWJSG Emma Parry-Jones, Ceredigion County Council and MWJSG Bethan Adams, Gwynedd Council and MWJSG Nia Williams, Programme Manager, MWJC Emma Brooke, Project Support Officer, MWJC Anna Prytherch, Head of Rural Health and Care Wales, RHCW Sian Jones, Translator, Cyfiaith Tomos Jones, Senior Auditor, Audit Wales Plus one member of the public	BL SM EPJ BA NW EB AP SJ TJ

Ref	Agenda Item	Action
JC(27)01	**Welcome and apologies for absence** Apologies for absence were received from: • Hayley Thomas, Chief Executive, PTHB • Carol Shillabeer, Chief Executive, BCUHB • James Houston, Head of Strategy Development, WAST • Rhonwen Jones, Planning & Performance Business Partner, WAST • Dylan Owen, Corporate Director Lead for Adult Social Services and Health (Strategic), Gwynedd Council • Cllr. Dilwyn Morgan, Cabinet Member - Adults, Health and Wellbeing, Gwynedd Council • Nina Davies, Director of Social Services and Housing, Powys County Council • Katie Blackburn, Corporate Lead and Powys Regional Director, Llais	

	DE referred to the following items of information: • **Lead Chief Executive for the Mid Wales Joint Committee (MWJC)** Prof. Philip Kloer, Chief Executive of Hywel Dda University Health Board (HDdUHB), had taken over the role of Lead Chief Executive for the MWJC from Hayley Thomas, Chief Executive of Powys Teaching Health Board (PTHB). DE expressed his thanks to Hayley Thomas for her contribution in the role and to Phillip Kloer for agreeing to take on the role. • **Welsh Ambulance Services University NHS Trust (WAST) Chief Executive** Jason Killens had left his role as Chief Executive of the Welsh Ambulance Services NHS Trust (WAST), with Emma Wood taking up the role on 1 October 2025.	
JC(27)02	**Minutes of the MWJC meeting held on 4 April 2025 and Matters Arising** The minutes of the MWJC meeting held on 4 April 2025 were **AGREED** as a correct record. One matter was raised under Matters Arising: • **Emergency Medical Retrieval and Transfer Services (EMRTS)** At the last MWJC meeting, it was noted that the judgment of the High Court following the full judicial review hearing was still awaited in relation to Recommendation 4, which proposed the consolidation of the EMRTS bases at Welshpool and Caernarfon into a single North Wales site, together with the introduction of an additional service for rural and remote areas. On 19 June 2025, the judgment was handed down, with the High Court finding that the claimant's challenges lacked merit. Consequently, the NHS Wales Joint Commissioning Committee's decision to reorganise EMRTS services was upheld. The Joint Commissioning Committee was now progressing with the implementation of Recommendation 4. However, DE was unsure whether the decision would be subject to any further challenge and he would continue to monitor the situation.	
JC(27)03	**MWJC Priorities and Delivery Plan 2025/26** PK stated that he was delighted to take on the role of MWJC Lead Chief Executive. Mid Wales had been an important part of his work over the past 15 years through his leadership roles as Medical Director and Chief Executive. He was committed to building on the positive work undertaken by Hayley Thomas and continuing to work collaboratively with partners across the region. PK also noted that KJ undertook the MWJC Programme Director role alongside his substantive position within HDdUHB, bringing valuable insight and experience to the programme of work. PK reported that at the last Mid Wales Planning and Delivery Executive Group (MWPDEG) meeting, members stated that there was a need to review the group's priorities, intended outcomes, programme of work, and governance arrangements. He hoped that the MWJC supported and agreed the proposed approach, the outputs of which would be brought back to a future MWJC meeting for consideration. The review was not intended to diminish the work being undertaken, but rather to ensure that the priorities remain appropriate and that there is clarity regarding the outcomes the MWJC is seeking to achieve.	

KJ advised that he was still relatively new to the Programme Director role, having taken up the post in April 2025. He wished to place on record his thanks for the work undertaken by Peter Skitt, the previous MWJC Programme Director, over recent years.

KJ presented the Mid Wales Priorities and Delivery Plan report for 2025/26, which provided an update on the priorities and workstreams up until September 2026. The priorities had been agreed by the MWJC at its meeting in April 2025 following development by the MWPDEG.

The format of the report had been revised, with the main report providing a summary of progress against agreed milestones and an accompanying addendum setting out the individual workstream plans in a concise format. The report focused primarily on areas of work that were either behind schedule or at risk of delay, together with the issues impacting progress. Of the 6 priorities and 19 supporting workstreams, 14 were currently on track for delivery.

- **Community Dental Services priority – Endodontic workstream**

The aim of the Endodontic workstream was to enable patients from the HDdUHB area with a SY postcode to access the PTHB service delivered at Llandrindod Wells. The workstream was currently behind schedule, with ongoing discussions taking place between finance, commissioning, and contracting colleagues. Progress continued to be made, and it was anticipated that the outstanding arrangements would be concluded by 1 November 2025.

- **Community Dental Services priority - Paediatric General Anaesthetic (GA) Service workstream**

The aim of the Paediatric GP service workstream was to develop a more locally accessible Paediatric Dental GA service for Mid Wales. The workstream was currently behind schedule, primarily due to staffing challenges within the HDdUHB dental team.

With the establishment of the HDdUHB Paediatric Dental Task and Finish Group and improvements in staffing capacity, there was now an opportunity to review the service model in more detail for which the service was currently provided in Swansea. This would include assessing whether Bronglais General Hospital (BGH) remains the most appropriate location for service delivery or whether an alternative model would better meet the needs of the Mid Wales population by providing care closer to home.

Cllr. Sian Maehrlein joined the meeting at this point.

- **Colorectal Services priority**

The initial objective had been to establish a more locally delivered colorectal pathway for Powys patients through a HDdUHB monthly outreach service based in Newtown. The clinic had been operational for some time and had generally worked well, with the service continuing to be delivered.

However, subsequent work had identified relatively low levels of demand. As part of the evaluation process, discussions had taken place regarding the potential to expand the service across a wider Mid Wales footprint, including provision for Powys patients and an enhanced service at BGH. This could present a significant opportunity to further develop local service provision. However, any expansion would require additional investment and would necessitate a change to current commissioning intentions, given the existing patient pathways into England. The implications of such changes would be significant.

A meeting of Directors of Planning had been arranged for 21 October 2025 to consider the matter further. Before progressing this work, it was considered important to test the collective appetite of partner organisations and secure broad support for exploring the opportunity. While this would not require a formal commitment from partners at this stage, it would help determine the feasibility and potential benefits of the proposal.

- **Review of Governance arrangements**

A review of the current governance arrangements for the MWJC was planned. There had been continuity in the delivery plan over a number of years and while individual workstreams had identified leads for specific activities and programmes of work, there was no designated Senior Responsible Officer (SRO) for each workstream.

A number of governance issues had come to the fore in recent weeks which included:

- Role of the Mid Wales Strategic Commissioning Group, which, when originally established, was intended to have a direct reporting relationship with Health Boards. However, on reviewing the current arrangements, it had become apparent that the reporting lines were not sufficiently clear. There was also a need to consider how the Group should be reflected within the wider governance structure of the MWJC.
- Role of the joint committee arrangements between Swansea Bay University Health Board (SBUHB) and HDdUHB, and how these align with the governance arrangements for the MWJC.

These issues formed the basis of the proposed review which would be taken forward later in the year, with the outcome of the review scheduled to be reported back to the MWJC in April 2026.

PK noted that the Mid Wales population experienced a unique set of circumstances associated with living in rural and coastal communities, which could give rise to specific challenges in accessing services. These issues formed the basis of the Mid Wales Healthcare Study undertaken in 2014. He emphasised the importance of keeping the Study's principles in mind when considering the work of the MWJC. He stressed the need to think collectively and ambitiously about what could be achieved through closer partnership working, ensuring that the MWJC continues to identify opportunities to improve outcomes for the population of Mid Wales. He also noted that there are a number of existing assets and strengths across the region that can support this work.

	DE agreed on the importance of collaborative working and emphasised the need for partners to have a clear understanding of the work being undertaken, its progress, and the outcomes it was seeking to achieve. AP noted that the Mid Wales Healthcare Study had been undertaken approximately 10 years ago and that, during a reflective session at the Rural Health and Care Wales (RHCW) conference in 2024, feedback received suggested that it may be timely to revisit the Study to ensure that its findings and recommendations remain relevant and continue to reflect the current needs and priorities of the population. PR, noting that he was new to the role, advised that in reviewing the aims of the MWJC he had observed a clear focus on both health and social care. However, he had been unable to identify a significant emphasis on social care within the current work programme and queried whether this aspect had become less prominent. He asked whether there were opportunities to strengthen the focus on social care within future work programmes and priorities. PK acknowledged the point made; the role of social care had formed a significant part of his introductory discussions with the Chair. He emphasised the importance of maximising collaborative working across organisations and noted that health and social care are intrinsically linked in supporting improved outcomes for the population. He further noted that Agenda Item 5. Mid Wales Social Care Update Report would provide an opportunity to consider progress in this area. While recognising that progress had not been as advanced as originally intended, partners would need to continue to challenge themselves to ensure that social care remains an integral part of the MWJC's work. CC welcomed the opportunity to review the remit and purpose of the partnership. He noted that two new Joint Committees had been established in the south and PTHB was now required to maintain links with both committees. Organisational capacity was a key consideration, with limited resources available to support an increasing number of partnership arrangements. In this context, a review of the purpose and remit of the MWJC would be beneficial to ensure that its role remained clear, focused and aligned with current priorities. He also emphasised the importance of ensuring that the needs of the Mid Wales population are not overlooked and expressed a wish to be involved in the review process. DE noted that there may be merit in undertaking a population needs assessment to identify the health and care needs and priorities of the Mid Wales population. He emphasised the importance of establishing clear responsibility and accountability for this work, together with appropriate governance arrangements, to ensure that these elements are aligned from the outset. In response, KJ advised that he did not wish to lose sight of the overall process and reminded members that a paper later on the agenda would consider the review of the strategic intent. This item would provide an opportunity to discuss the proposed approach to reviewing both the strategic intent and the governance arrangements.	

	There was a need to review current priorities and this could potentially be undertaken as a joint piece of work with other partners. This could help provide a clearer strategic and policy framework, while also enabling consideration of the various committees and groups in place and clarifying responsibilities and accountabilities. There was a risk of significant time and effort being invested in meetings and work programmes without a clear link to impact, outcomes, and measurable results. Members were encouraged to challenge themselves on this point and to reflect on future needs, with a view to bringing proposals back to a future meeting. PK noted that a discussion later in the meeting may help inform a conclusion on the most appropriate way to take this work forward. The MWJC **NOTED** the update report on the Mid Wales Joint Committee Priorities and Delivery Plan 2025/26 from 1 April 2025 to 30 September 2025. The MWJC **AGREED** the proposed approach for the review of its Governance arrangements including a review of the role of the Mid Wales Strategic Commissioning Group.	
JC(27)04	**Mid Wales Clinical Advisory Group (MWCAG) update report** KW provided an update on the work of the MWCAG and the two key areas of work it was currently focused on: • **Urology** The Mid Wales Urology Group had focused on identifying areas of work that could be progressed collaboratively across Mid Wales and those that would be more appropriately delivered by individual Health Boards. Two key areas had been considered. - Prostate Specific Antigen (PSA) testing and prostate cancer pathways. Progress in this area had been dependent on the publication and implementation of national guidance and pathways; however, no specific Mid Wales-wide actions had been identified. This workstream was now nearing completion and the recommendations and conclusions arising from the work would be presented back to respective Health Boards. - Trial Without Catheter (TWOC) services, where opportunities for shared learning had been identified, including arrangements to support the transfer of care from secondary care settings to primary care. • **Stroke** A significant amount of work was underway nationally and locally in relation to changes to stroke services, with potential implications for the Mid Wales population. A Mid Wales Stroke services task and finish group had been established to assess the impact of service changes, including identifying any unintended consequences arising from proposed developments. It was noted that some of the issues identified may extend beyond Mid Wales and could require consideration at a national level. The Group would therefore need to consider which matters were specific to Mid Wales and which would be more appropriately addressed through national arrangements. A review of MWCAG's operating arrangements, including a review of its Terms of Reference, membership and approach to meetings, had now been	

	completed. A core membership structure had been established, supported by task and finish groups to take forward specific areas of work. Challenges relating to workforce capacity and members' availability remained. However, the revised approach of using smaller task and finish groups appeared to be working effectively and had enabled progress to be maintained. DE noted that considerable work was underway nationally in these areas and that the learning and outcomes arising from this activity would feed into and support the work being taken forward in Mid Wales. The MWJC **NOTED** the MWCAG update report.	
JC(27)05	**Mid Wales Social Care Group (MWSoCG) update report** KJ advised that the Group had faced challenges in mobilising since its establishment and was currently without a recognised Chair following the partial retirement of Donna Pritchard. He noted that a number of factors had affected the Group's ability to operate as originally intended, including changes in personnel since its formation and differences in the portfolio responsibilities held by Directors of Social Services across the three Local Authorities. Upon taking up his role in April 2025, KJ had met with Directors of Social Services to explore why the Group had not developed as anticipated. These discussions had highlighted differing views regarding both the function of the Group and the ongoing need for it. However, there remained a strong awareness of the conclusions of the Mid Wales Healthcare Study, which identified the value of involving social care colleagues in the work of the MWJC. Directors of Social Services had been asked to provide their views on future arrangements and it would be important for these views to be reflected within the forthcoming governance review. Consideration would also be given to how best to harness the collective influence and expertise of partners to maximise value and outcomes for the population. AW suggested that it may be helpful to better understand the different ways in which social care services operate across the three Local Authorities and how these differences might influence future collaborative arrangements. The need for joint working between health and social care was unlikely to diminish. AW expressed a longer-term aspiration for integrated reporting, rather than separate reports for health and social care activity. However, further work was required to strengthen social care engagement within the current arrangements. PR reflected that successful engagement and collaboration required clear added value for all partners. The current priorities appeared largely focused on healthcare and that, from a social care perspective, it was not always clear how social care priorities were reflected within the MWJC's work. This had led him to question the extent of social care's role within the programme and suggested that greater consideration should be given to increasing social care involvement when developing priorities for the coming year.	

	DE agreed that the impacts of health and social care are closely interdependent and emphasised the importance of making the connection between the two more explicit within the Committee's work and priorities. PK reflected on the origins of the Mid Wales Healthcare Study and noted that the priorities which had received the greatest public attention were largely clinical in nature. As a result, there had been a strong expectation that the MWJC would focus on progressing those areas when it was first established. However, the challenges now facing society and the public sector were broader in nature and increasingly required organisations to work collectively across traditional boundaries. While acknowledging that many of the current priorities appeared clinical on the surface, he noted that there were often significant links to social care underpinning the work. The MWJC should reflect further on its strategic intent and purpose to ensure this was clearly articulated. Also, Directors of Social Services needed to see tangible value from their involvement. If they did not perceive sufficient benefit, there was a risk that engagement would diminish over time. There were a number of other partnerships and forums operating across the region, including the Regional Partnership Board (RPB) and Public Services Boards (PSBs), and it would be important to consider the unique contribution and added value provided by the MWJC. Common challenges shared across organisations, included workforce recruitment and retention in rural and coastal communities. These challenges presented opportunities for joint solutions and greater alignment of effort. DE agreed and questioned what unique contribution the MWJC could make that was not already being addressed through other arrangements and partnerships. AP suggested that, if social care integration was being reviewed, consideration should also be given to involving the third sector. DE agreed that this should form part of wider reflections on the MWJC's future direction. PR reiterated that he believed there remained an important role for the MWJC. However, the current priorities were weighted towards clinical issues and that there was a need to achieve a better balance going forward. He suggested that future workstreams could focus on areas such as care pathways, workforce challenges and wider service integration, providing greater opportunities for health and social care to work together in pursuit of shared objectives. The MWJC **NOTED** the Mid Wales Social Care Group update report.	
JC(27)06	**RHCW Work programme 2025/25 and RHCW Stakeholder Group update report** KJ noted the breadth of activity being undertaken by RHCW. AP highlighted the key updates from the report. • **Pharmacy Review** One of the key recommendations from the Pharmacy Review related to the use of robotic dispensing technology. The system had proved highly successful and was an approach which may warrant further consideration across Mid Wales.	

- **Food and Broader Determinants of Health**

There was ongoing work through the Local Policy and Innovation Partnership (LPIP) programme focusing on food and the wider determinants of health. Initiatives included "Grow Your Own, Feed Your Own" projects in schools, with work underway to explore social value, mental health and wellbeing benefits. Opportunities to pilot aspects of this work across the HDdUHB area were also being explored.

- **Cancer Experience and Diagnostics**

One of the key findings from the patient cancer experience case studies highlighted the importance of the need for rapid diagnostic services in rural areas. Concerns had raised regarding later diagnosis among rural populations and difficulties accessing treatment, with some patients considering travel requirements too onerous to pursue particular treatment options. Members were invited to contribute any relevant case studies to support this work.

- **Wellbeing Walks**

The Wellbeing Walks initiative, which has been developed in partnership with a health centre in Tywyn, had been successful. There have been calls to extend the approach across the region, however, future sustainability remained dependent upon securing ongoing funding. The project was supporting individuals to take greater ownership of their own health and wellbeing.

- **Dementia Review**

The Dementia Review had been completed in Ceredigion, the Powys review was currently in draft form and work had commenced in Gwynedd. Once all reviews had been completed, the findings and recommendations would be reported.

- **Care Homes Research**

An event had been held to encourage greater care home involvement in research activity and related projects.

- **Stakeholder Engagement and Community Initiatives**

A number of stakeholder engagement activities and community-based initiatives were being supported through RHCW including the Coed Lleol Project and Community Resilience initiatives in Lampeter and Llanidloes

- **Rural General Practice and Workforce**

Early findings from research suggested that people living in rural communities often travelled greater distances to access GP services and may have access to fewer local provision options. A GP survey was currently being undertaken across Mid Wales, and the feedback would help inform future improvements to service provision.

- **Virtual Rural Healthcare Model**

Discussions were ongoing with PTHB and BCUHB regarding opportunities to secure funding and appoint a dedicated lead for the project and securing support from HDdUHB.

- **Medicine Recruitment and Public Engagement**

A recent event had been held to encourage more individuals to pursue careers in medicine. Health Education and Improvement Wales (HEIW) had expressed a strong interest in supporting similar initiatives in the future.

- **Public engagement activity at the Royal Welsh Agricultural Show**

The recurring message was the importance of maintaining rural healthcare services, including retaining services at BGH and ensuring access to GP appointments.

- **RHCW Annual Conference**

The RHCW annual conference had been arranged for 11 and 12 November 2025, and invitations would be circulated shortly.

KW referred to the findings pf the patient cancer experience project relating to rapid diagnostic services. Commissioning of diagnostic services remained a matter for Health Boards, PTHB had undertaken work around this area and concluded that the most effective approach was to commission services directly.

DE observed that, within the agricultural community, particularly amongst men, there remained challenges in encouraging people to identify and act upon clinical concerns at an early stage. This had historically been an issue and suggested that further work may be beneficial in raising awareness and encouraging participation in initiatives such as Faecal Immunochemical Test (FIT) testing.

PK reflected on the impressive breadth of activity being undertaken and noted that many of the projects aligned closely with the wider social model of health and wellbeing. Whilst recognising the importance of improving community wellbeing, resilience and prevention, he noted that these interventions did not easily lend themselves to traditional evaluation methods, making it challenging to demonstrate measurable outcomes and secure evidence to support sustained investment. There may be opportunities to develop more sophisticated approaches to measuring impact in partnership with academic and system partners and noted that advances in this area could be of wider national and international interest.

AP advised that the Secure Anonymised Information Linkage (SAIL) Databank had supported previous evaluation work and enabled analysis against broader health indicators. This had demonstrated higher levels of frailty, comorbidity and complex conditions within some populations. However, she acknowledged the difficulty in attributing changes directly to specific interventions and questioned how the value of such initiatives to individual citizens could best be quantified.

DE noted that much of the work undertaken contributed to wider programmes and outcomes rather than operating in isolation. He emphasised the importance of continuing to reflect on how partners could gain assurance regarding the benefits being delivered through these activities.

PR highlighted similar work being undertaken in Carmarthenshire through the Cegin y Bobl initiative and noted that Powys was also focusing on food-related programmes and local food suppliers. He suggested that there may be opportunities to strengthen collaboration across local authorities and develop a more holistic regional approach. DE agreed and suggested that a mapping

	exercise could be undertaken to identify related activity across partner organisations. PK concluded that the breadth of the work highlighted the importance of considering impact as part of the wider review of the MWJC's strategic intent and priorities. Given that the RHCW team were often engaged in complex preventative and community-based interventions, strengthening evaluation and outcome measurement would be critical to demonstrating value, supporting future investment, and improving the long-term sustainability of these initiatives. The MWJC **NOTED** the RHCW Work Programme 2025/26 and the RHCW Stakeholder Group update report.	
JC(27)07	**Mid Wales Strategic Intent and the process for setting the Mid Wales priorities** KJ presented the report which comprised two elements: i) review of the Mid Wales Strategic Intent and ii) process for refreshing the MWJC's priorities and workstreams for the coming year. Reflecting on earlier discussions, KJ advised that the proposed review would need to be broadened to consider the overall purpose, role and structure of the MWJC, and how these elements should be incorporated within the review process. He noted that the MWJC's priorities were driven by the Strategic Intent, which had not been refreshed since its original development and therefore required review to ensure it remained relevant and reflected current circumstances. The review had originated from discussions within the Mid Wales Strategic Commissioning Group. A broad consensus had emerged that, as each Health Board was undertaking reviews of its own strategic plans, this presented an opportune time to consider what those developments meant collectively for the Mid Wales region and how they could inform a refreshed Strategic Intent. KJ referred to the points raised earlier in the meeting regarding opportunities to strengthen the social care focus of the MWJC's work, and the important role of the third sector. These considerations, together with the proposed review of governance arrangements, provided an opportunity to revisit and reflect upon the original principles established through the Mid Wales Healthcare Study. Members were therefore asked to support the inclusion of these broader considerations within the review process and to consider the most appropriate way of taking the work forward. NJ had been involved in the original consideration of the review and was representing Health Board Directors of Planning. Planning colleagues had been fully engaged in the discussions and noted that a significant period of time had elapsed since the publication of the Mid Wales Healthcare Study and the establishment of the MWJC. There were challenges in clearly articulating the vision, purpose, and shared objectives of the MWJC, and the environment in which it operated had changed considerably. These changes included demographic and population trends, developments within the wider policy	

	landscape, and the establishment of new Joint Committee arrangements elsewhere in Wales. It would be beneficial to review progress against the original ambitions of the Study and to undertake a refreshed assessment of the needs of the Mid Wales population, particularly within the context of health and social care. Consideration should be given to undertaking a PESTLE analysis and facilitating workshops with key partners and members of the MWJC to establish a shared vision for the next phase of the MWJC's development. A robust needs assessment should form the foundation of any refreshed Strategic Intent. Members had spoken extensively about outcomes and measurement throughout the meeting and stressed the importance of ensuring that future strategies include clear measures of success. The review process should enable the MWJC to assess whether it was achieving its intended objectives and identify any areas requiring refocus. There was also a need for a mapping exercise to understand existing activity and ensure future arrangements remained aligned with the principles of the Study. DE noted the importance of recognising developments occurring elsewhere, particularly the increased number of national drivers and policy frameworks that now exist compared to when the Mid Wales Healthcare Study was first produced. It would be important to clearly identify the needs of the population, determine what actions were required and establish where accountability for delivery should sit. KJ referred to the second part of the report regarding development of priorities for the upcoming year which was an important process. Priority-setting was a two-way process, with the Mid Wales priorities informing organisational plans while also taking account of emerging themes and priorities arising from partner organisations. The discussions held earlier in the meeting regarding the wider purpose and future direction of the MWJC required sufficient flexibility within the priority setting process to accommodate these broader considerations. CC stated there was a risk in developing future priorities before concluding discussions regarding the fundamental purpose and future role of the MWJC. While he could see the benefit of undertaking both pieces of work in parallel, he emphasised the importance of understanding the proposed timetable and ensuring that any commitment to reviewing the MWJC's purpose and focus was fully reflected in the approach taken. DE agreed that alignment between the different workstreams would be essential and suggested that governance arrangements should be clarified before finalising strategic intent and priorities. PK acknowledged that the period between the current meeting and March 2026 may appear lengthy; however, bringing partners together and undertaking meaningful engagement would require time. He described the review as an important opportunity for the MWJC and he would work with NJ and KJ to develop the process. Some compromises might be required along the way but	

	he was committed to being open and transparent regarding any challenges or constraints encountered. DE observed that, with more than ten years having passed since the original work was undertaken, this was an appropriate point at which to pause, reflect and consider what the MWJC should seek to achieve over the next decade. PR supported the proposal to undertake the works in parallel, suggesting that each could be used to test and inform the other. He felt this approach would enable the MWJC to identify gaps, challenge existing assumptions and refocus activity where appropriate. Whilst supporting the review of purpose and governance, he cautioned against pausing the priority-setting process entirely and suggested that both pieces of work could proceed concurrently and contribute to a stronger overall outcome. The MWJC **NOTED** the update on the work being undertaken to review the Mid Wales Strategic Intent and the revised process for setting and agreeing the Mid Wales priorities for 2026/27 onwards.	
JC(27)08	**Listening to You** DE reported that no questions had been received in advance of the meeting from members of the public. No verbal questions were received during the Listening to You session.	
JC(27)09	**Any Other Business** DE noted that the discussions had raised a number of important questions regarding the future direction of the MWJC. A significant amount of work was being undertaken and the meeting had provided members with an opportunity to review that work and consider the future role of the MWJC. It was important to pause and reflect on the purpose of the MWJC, ensuring clarity regarding its role and focusing on delivering outcomes in areas where work was not already being undertaken through other forums. By working collaboratively, partners could continue to improve the health and wellbeing of communities across Mid Wales. PK noted that the next meeting of the MWJC was scheduled for April 2026, shortly before the Senedd election, which represented an important point in time for the partnership. All Health Boards and Trusts would have, by then, submitted their Integrated Medium Term Plans (IMTPs). Unless an additional MWJC meeting was convened in the intervening period, PK would work with the DE to determine how the review of the Mid Wales Strategic Intent should be progressed. Also any significant changes to the MWJC Terms of Reference would require approval from the Welsh Government.	
JC(27)10	**Time and Date of Next meeting** The next meeting of the MWJC to be arranged for April 2026 with the time and date to be confirmed.	

KEY TO ABBREVIATIONS	
BCUHB	Betsi Cadwaladr University Health Board
BGH	Bronglais General Hospital
EMRTS	Emergency Medical Retrieval and Transfer Service
FIT	Faecal Immunochemical Test
GA	General Anaesthetic
HB	Health Board
HDdUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
IMTP	Integrated Medium Term Plan
LPIP	Local Policy and Innovation Partnership
MWCAG	Mid Wales Clinical Advisory Group
MWJC	Mid Wales Joint Committee
MWJSG	Mid Wales Joint Scrutiny Group
MWPDEG	Mid Wales Planning and Delivery Executive Group
MWSoCG	Mid Wales Social Care Group
PSA	Prostate Specific Antigen
PSB	Public Services Boards
PTHB	Powys Teaching Health Board
RHCW	Rural Health and Care Wales
RPB	Regional Partnership Board
SAIL	Secure Anonymised Information Linkage
SRO	Senior Responsible Officer
TWOC	Trial Without Catheter
WAST	Welsh Ambulance Services NHS Trust