

EITEM AGENDA / AGENDA ITEM: 3**Cyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal /
Mid Wales Joint Committee for Health and Care**

Dyddiad y Cyfarfod: Date of Meeting:	31 st October 2022		
Eitem ar yr Agenda: Title of Report:	Future arrangements for the MWJC		
Arweinydd: Lead:	Maria Battle, Chair of Hywel Dda University Health Board and Interim Lead Chair for the Mid Wales Joint Committee (MWJC) Steve Moore, Chief Executive, Hywel Dda University Health Board and Lead Chief Executive for the Mid Wales Joint Committee		
Pwrpas yr adroddiad: Purpose of the Report:	To receive a paper on the proposed recommendations for the future arrangements for the Mid Wales Joint Committee in response to the post COVID-19 review.	Ar gyfer cytundeb For Agreement	✓
		Ar gyfer trafodaeth For Discussion	
		Ar gyfer gwybodaeth For Information	

Crynodeb / Summary

In response to the changing service need due to the COVID-19 pandemic, the Lead Chair and Lead Chief Executive requested that a post COVID-19 review be undertaken of the Mid Wales Joint Committee and how it currently operates. This paper outlines the current arrangements for the Joint Committee, a summary of the post COVID-19 review together with the proposed recommendations for the future arrangements for the Mid Wales Joint Committee in response to this review.

Argymhelliad / Recommendation

For Agreement – The Joint Committee are asked to discuss and agree the proposed recommendations for the future arrangements for the Mid Wales Joint Committee in response to the post COVID-19 review.

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

Proposed future arrangements for the Mid Wales Joint Committee

1. Introduction and Background

The Mid Wales Healthcare Collaborative (MWHC) was established by the then Minister for Health and Social Services following a study of healthcare in Mid Wales commissioned by Welsh Government and undertaken by Professor Marcus Longley in 2014. The 'Longley Study' made 12 recommendations (Appendix A) forming the basis of a work programme for the Mid Wales Healthcare Collaborative arrangement, in seeking to implement the changes required for the Mid Wales population. The Collaborative was established in March 2015 for a period of 2 years, and then extended by Welsh Government and collaborative members for a further 12-month period.

In March 2018 the MWHC transitioned to the Mid Wales Joint Committee for Health & Care (MWJC) with a strengthened role in the joint planning and implementation of health and care services across Mid Wales. This was to reflect the changes in the requirements of NHS bodies for collaborative and regional working and NHS bodies and Local Authorities for the integration of care services in order to ensure a seamless approach.

The onset of the COVID-19 pandemic in March 2020 impacted on the meeting schedule and progress on the work of the MWJC due to organisations being required to focus their efforts on planning and responding to the pandemic. In response to the changing service need due to the COVID-19 pandemic, the Lead Chair and Lead Chief Executive requested that a post COVID-19 review be undertaken of the Mid Wales Joint Committee and how it currently operates. This paper outlines the current arrangements for the Joint Committee, a summary of the post COVID-19 review together with the proposed recommendations for the future arrangements for the Mid Wales Joint Committee in response to this review.

2. Current arrangements for the Mid Wales Joint Committee

To support the development and delivery of the Mid Wales Strategic Intent and its priorities and delivery plan the following arrangements are currently in place:

2.1 Governance structure

a) Mid Wales Joint Committee for Health and Social Care (Quarterly)

The Mid Wales Joint Committee is the collective sponsor for regional programmes of work, as a formal sub-committee of Health Boards. The Joint Committee oversees the delivery of the work programme and through its reporting arrangements to the Joint Committee, the Planning and Delivery Executive Group reports on progress.

Membership includes the Mid Wales Leadership team (ref 2.2 below), Chief Executives of partner healthcare organisations, representatives from Local Authorities and Community Health Councils who cover the Mid Wales area and the Chair of the Mid Wales Public and Patient Engagement and Involvement Forum. The Welsh Government Planning Director for the Health and Social Care department also attended these meetings until May 2022.

The Sub-groups in place to support the delivery of the Joint Committee's work programme are as follows:

b) Mid Wales Planning and Delivery Executive Group (Quarterly)

The group leads on the detailed development of the Joint Committee delivery plan, oversees the implementation of the delivery plan, and provides assurance on its delivery to the Joint Committee.

Membership includes the Lead Chief Executive, Directors of Planning for Health Boards, Welsh Ambulance Services NHS Trust and equivalent representatives for Local Authorities, Lead Clinical Executive Director and MWJC Programme Director.

c) Mid Wales Clinical Advisory Group (Bi-monthly)

Advise on specific clinical models of care, taking a leadership role in detailed design where appropriate.

Membership for the Clinical Advisory includes the following representatives:

- Medical Director or representative of Betsi Cadwaladr University Health Board, Hywel Dda University Health Board, Powys Teaching Health Board, Welsh Ambulance Services NHS Trust and Shrewsbury and Telford NHS Trust.
- Clinical service leads/Operational managers for General Surgery, Colorectal, Cancer, Oncology and Haematology, Respiratory and Palliative Care.
- Site Manager for Bronglais General Hospital.
- Director of Public Health or representative of Betsi Cadwaladr University Health Board, Hywel Dda University Health Board and Powys Teaching Health Board.
- GP Leads for North Ceredigion, South Powys, North Powys and Meirionnydd.

d) Public and Patient Engagement and Involvement Forum (Virtual, no formal meetings)

This forum provides support and advice on engagement and communication activity in order to ensure a coordinated approach to meaningful discussion, challenge, and explanation across the Mid Wales area. The Public and Patient Engagement Forum operates on a virtual basis and is led by a Chair.

A Public and Patient Engagement Steering Group has been established to support the engagement and involvement work across Mid Wales. Membership of the group includes engagement and involvement leads for Health Boards, Local Authorities and Community Health Councils.

e) Rural Health and Care Wales Stakeholder Group (Quarterly)

To bring the academic thinking into Rural Health and Care Wales.

f) Mid Wales Scrutiny Working Group (Quarterly, post MWJC meetings)

The Mid Wales Scrutiny Working Group of the two Local Authorities covering Mid Wales, Ceredigion County Council, and Gwynedd Council, scrutinise the work of the Joint Committee and the delivery of its work programme

Membership includes representatives from the Local Authority Scrutiny Group with members of the Mid Wales Leadership team in attendance.

NOTE - Powys Council have ceased their membership of this group due to re-structuring and pressures on time.

2.2 Mid Wales Leadership team

Key leadership roles

- Lead Chair (rotated between the three Mid Wales Health Board Chairs)
- Lead Chief Executive (rotated between the three Mid Wales Health Board Chief Executives)
- Lead Director of Planning (rotated between the three Mid Wales Health Board Directors of Planning)
- Lead Clinical Executive Director (Lead clinician from Powys Teaching Health Board due to the Health Board's links with provider organisations across Mid Wales and cross border)
- Joint Committee Programme Director (substantive role, one day a week as part of the Mid Wales Joint Committee support team)
- Chair of Mid Wales Public and Patient Engagement and Involvement Forum
- Chair of Rural Health and Care Wales

2.3 Mid Wales Joint Committee support team

The Mid Wales Joint Committee support team provides overall project management and leadership to lead, co-ordinate and support the Joint Committee Work Programme and its governance structure including:

- Strategic leadership, co-ordination, and direction.
- Project management / facilitation for programmes of work.
- Secretariat / administrative support for the Mid Wales Joint Committee, Planning and Delivery Executive Group; Clinical Advisory Group and Patient and Public Engagement Forum.

3. Post COVID-19 review

The onset of the COVID-19 pandemic in March 2020 impacted on the meeting schedule and progress on the work of the Joint Committee due to organisations being required to focus their efforts on planning and responding to the pandemic. Although organisations across Mid Wales are implementing their recovery plans it will take some time for services to be fully operational.

The Welsh Government has made it clear that they expect Health Boards to work together to deliver regional solutions to meet the demand of both COVID-19 and non COVID-19 pathways and work together, across organisational boundaries, to plan and deliver on a regional basis.

In response to this requirement and the changing service need due to the COVID-19 pandemic, the Lead Chair and Lead Chief Executive requested that a post COVID-19 review be undertaken of the Mid Wales Joint Committee and how it currently operates. The review involved a programme of meetings with members of the Joint Committee to seek their feedback to be used for informing any proposed options/ recommendations for consideration by the Joint Committee and its subgroups.

The Mid Wales Joint Committee Programme Director and Programme Manager met with members of the Joint Committee from September to November 2021. Feedback was also sought from members of the Joint Scrutiny Working Group

(Gwynedd and Ceredigion Council), Scrutiny Committee representation from Powys County Council and Voluntary Sector Chief Officers. The feedback received was used to inform a paper presented to the Mid Wales Joint Committee at its meeting on 27th June 2022 which outlined the available options for the future arrangements as follows:

a) Discontinue the Mid Wales Joint Committee

Given the feedback from Joint Committee members and the public in general there was little appetite for this option.

b) Continue with less frequent Mid Wales Joint Committee meetings

The general consensus was if this option was pursued that there would need to be in place an operational form which pulled together the operational teams across the patch working to the Mid Wales Planning and Delivery Executive Group. Also people felt that it was vital that there were public meetings held and not just Health Board focused meetings.

c) Continue with present arrangements with a strengthened focus on Social Care and Community Services

This was the preferred option particularly in light of the recent arrangement with the Welsh Government co-operative agreement between Plaid and Labour and the commitment to better integrate health and care services and work towards parity of recognition and reward for health and care workers.

d) Stay the same

This was not an option as given the impact of COVID-19 and recovery plans across the region there is a need to re-focus and recommit on planning and commissioning for the region.

4. Proposed future arrangements

The Joint Committee agreed at its meeting on 27th June 2022 that a more detailed proposal for the future arrangements be developed based on the option c for detailed consideration by the Mid Wales Planning and Delivery Executive Group for recommending to the Joint Committee. The proposed future arrangements for **recommendation** to the Mid Wales Joint Committee are as follows:

Mid Wales Joint Committee for Health and Social Care (Frequency to be reviewed)

The meeting frequency to be reviewed with the option to be explored of replacing quarterly meetings with one annual meeting and one annual conference as follows:

- An annual meeting to be held in April with its main purpose being a planning meeting for the Joint Committee's future workplan.
- The annual conference to be aligned with the Rural Health and Care Wales 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.

The following sub-groups, governance structure detailed at Appendix B, to be in place to support the delivery of the Joint Committee's work programme:

- **Mid Wales Planning and Delivery Executive Group (Quarterly)**

Existing group with scope, membership and meeting frequency to remain the same.

- **Mid Wales Clinical Advisory Group (Bi-monthly)**

Existing group with scope, membership and meeting frequency to remain the same.

- **Mid Wales Social Care Group (Quarterly)**

New group, Mid Wales Social Care group, to be established to strengthen the focus on Social Care and the alignment of plans for social care services across Mid Wales. Its membership to include Directors of Social Services for the three Mid Wales Local Authorities. Group to report to the Mid Wales Planning and Delivery Executive Group with the Chair to be a member of the Executive Group.

- **Public and Patient Engagement and Involvement**

Engagement and involvement with the Mid Wales population through the existing mechanisms for Health Boards and Local Authorities have strengthened significantly over the years. As such it is proposed that these existing mechanisms are used as the main tools for Mid Wales engagement and involvement which will replace the Public and Patient Engagement and Involvement Forum.

The Chair's appointment ended on 31st July 2022 with engagement and involvement work undertaken through existing engagement and involvement work led by Health Boards and Local Authorities covering Mid Wales. 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.

- **Rural Health and Care Wales Stakeholder Group (Quarterly)**

Existing group with scope, membership and meeting frequency to remain the same for the interim. Group to continue to report to the Mid Wales Planning and Delivery Executive Group.

There will be a need to explore a more permanent arrangement for Rural Health and Care Wales and an academic home will be explored for Rural Health and Care Wales with the Chair post to be fulfilled by an academic role.

Mid Wales Joint Scrutiny Group

The Mid Wales Joint Scrutiny Group to continue with a review of its membership to consider including Health Board Independent member representation. Powys County Council to be asked whether they wish to re-engage with the group.

Members of the Mid Wales Joint Scrutiny Group to be asked to consider what Joint Committee work they wish to scrutinise. This could include the reports to the annual meeting and conference of the Joint Committee and the bi-annual plans/reports to Health Boards and Local Authorities.

Priorities and Delivery Plan

Development and delivery of the Mid Wales Joint Committee priorities and delivery plan to led by the main Joint Committee sub-groups - Mid Wales Planning and Delivery Group and Mid Wales Clinical Advisory Group.

Bi-annual Mid Wales plans/reports to be reported to Health Boards and Local Authorities for monitoring and scrutinising.

- April: Joint Committee Plan for the upcoming year
- October: Joint Committee progress report

Mid Wales Leadership team

Nominations for lead roles will continue to be required due to recent and future changes in postholders as well as the agreement that these roles will be rotated between Health Boards on a regular basis. Key leadership roles to continue as follows:

- Lead Chair (rotated between the three Mid Wales Health Board Chairs)
- Lead Chief Executive (rotated between the three Mid Wales Health Board Chief Executives)
- Lead Director of Planning (rotated between the three Mid Wales Health Board Directors of Planning)
- Lead Clinical Executive Director (Lead clinician from Powys Teaching Health Board due to the Health Board's links with provider organisations across Mid Wales and cross border)
- Joint Committee Programme Director (substantive role, one day a week as part of the Mid Wales Joint Committee support team)

Mid Wales Joint Committee support team

The Mid Wales Joint Committee support team to continue in its role to provide overall project management and leadership on the co-ordination development of and monitoring of the Joint Committee Work Programme and its governance structure including:

- Strategic leadership, co-ordination, and direction.
- Project management / facilitation for programmes of work.
- Facilitation of and secretariat / administrative support for the Mid Wales Joint Committee or its Annual Conference, Planning and Delivery Executive Group; Clinical Advisory Group, Mid Wales Cluster Group and other clinical networks.

Links to Key Partnerships and Organisations

The team will maintain links with its partners including Regional Partnership Boards, Public Services Boards, Growing Mid Wales Partnership and its sub-groups.

Links to the Community Health Councils / Citizens Voice Body for Health and Social Care will be through Health Boards and Local Authorities.

NOTE: The Third Sector had advised that they do not wish to be involved in the Mid Wales Joint Committee directly, however, would link in via respective Health and Social Care meetings.

5. Recommendation

The Mid Wales Joint Committee are asked to **discuss** and **agree** the recommendation for its proposed future arrangements detailed in Section 4. Proposed Future Arrangements.

The recommendations of the Mid Wales Healthcare Study – Progress to date

1. The three Health Boards should establish a joint governance mechanism (working title: The Mid Wales Healthcare Collaborative) as described in the report, in order to implement many of the recommendations below.

Achieved

2. Public engagement in Mid Wales should be established on a new basis and coordinated by The Mid Wales Healthcare Collaborative.

Achieved

3. The three Health Boards should re-double their efforts to address the pressures facing local primary care, developing complementary services, creating new models, sharing functions, and providing business support, looking at new organisational models for general practice, and where possible providing targeted financial support. There is traction to be gained by the Boards coordinating their efforts to meet the specific circumstances of Mid Wales and considering shared solutions where appropriate.

In progress

Requires strengthened approach to integrated health and social care.

4. The Welsh Government National Primary Care Plan should address the many common and systemic challenges facing primary care, which lie beyond the scope of the Health Boards.

In progress

5. Hywel Dda University Health Board, supported by the other two Boards, should confirm publicly its vision of the future strategic role of Bronglais General Hospital and the strategic direction which it intends to pursue. The Health Board's submission to this study provides a good basis for such a vision. It will require subsequent detailed consideration of pathway and service options but should be sufficiently specific to reassure potential and current staff and the public that the hospital will remain an acute centre, and that urgent and non-urgent provision will address the challenges of remoteness. It should state explicitly the criteria which must be met, based on the Six Key Service Criteria set out in the report.

In progress

Bronglais General Hospital strategy agreed by Hywel Dda University Health Board and the Mid Wales Joint Committee, implementation of the Implementation Plan is in progress and a Mid Wales Commissioning Group has been established.

6. Clinical staff in all the specialties should now be actively engaged in clinical discussions with their colleagues about how services should develop. This process will require active leadership and facilitation by the Hywel Dda University Health Board, working on behalf of the Mid Wales Healthcare Collaborative. It must address the difficulties in the relationships between the hospitals, and should include representatives from primary care, the Royal Colleges, the Deanery, and service providers from Scotland and elsewhere who have successfully addressed some aspects of rural acute care provision. This process, including reviews by professional bodies, should address the specialty-specific issues (see below), but also their interdependencies, and the linkages with pre-hospital care and between hospitals, along the patient pathways. It is important that the medical Royal Colleges are all engaged in this work, along with the learned bodies drawn from the other professions.

Achieved

Reviews undertaken by the Royal College of Medicine with developed actions. This is an on-going programme of work.

7. A further examination of the options for providing cardiology services in Bronglais General Hospital should now be started, which takes full account of the broad range of presenting conditions at this hospital and evaluates alternative ways of constructing the sort of clinical network support that is needed. This should build upon the initial discussions held as part of this study, and the submission to this study from the Royal College of Physicians, both of which offer some grounds for optimism that alternative solutions are worth exploring.

Achieved

Three WTE Cardiologists at Bronglais General Hospital with links to Tertiary Centres and CT Angiography in place.

8. A similar process should take place in relation to general surgery, building on the discussions initiated by this Study and scheduled for October 2014, and for Maternity and Obstetric services in Bronglais General Hospital.

In progress

To be realised through the Bronglais General Hospital Strategy.

9. Unnecessary journeys to access care should be eliminated, with a coordinated and comprehensive examination of relevant pathways to ensure care is actually provided closer to home, clinics and other provision is organised to reflect travel difficulties, patients are encouraged to choose options which suit their needs, and patients and visitors are provided with information to help them access remote services. This will require a coordinated effort crossing hospital and Health Board boundaries.

In progress

Developments implemented at pace during the COVID-19 pandemic, however, it is important to recognise the need to consider the Mid Wales population when planning the recovery of elective services.

10. Plans to develop more advanced skills in the ambulance service in Mid Wales should be supported and expedited.

In progress

Services being expanded

11. There should be a coordinated effort by all three Health Boards to identify the opportunities for much greater use of tele-health capacity and a determined drive to hasten its implementation.

In progress

Learning from COVID-19 and development during COVID-19 an important development.

12. The three Health Boards, working with local Universities and others, should develop and support a centre of excellence in rural healthcare, with a particular focus on research, development, and dissemination of evidence in health service research which addresses the particular challenges of Mid Wales. This has great potential to carry out work of relevance internationally. A high-profile conference on Mid Wales healthcare as described in the report should be organised immediately.

Achieved

Rural Health and Care Wales developed, Nursing Education commenced at Bronglais General Hospital in September 2022, Value Based Healthcare in rural areas is being established by the three Health Boards and Aberystwyth University, training and development hub being developed by Powys Teaching Health Board in Newtown and a research development hub being established between Aberystwyth University and Hywel Dda University Health Board.

Reference

Mid Wales Healthcare Study for Welsh Government,
Welsh Institute for Health and Social Care · University of South Wales
September 2014



23 October 2014 -
WIHSC Mid Wales He.

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE - GOVERNANCE STRUCTURE

