

**EITEM AGENDA / AGENDA ITEM: 2**

<b>Cyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal / Mid Wales Joint Committee for Health and Care</b>			
<b>Dyddiad y Cyfarfod: Date of Meeting:</b>	4 <sup>th</sup> April 2025		
<b>Eitem ar yr Agenda: Title of Report:</b>	Minutes of the Mid Wales Joint Committee meeting held on 14 <sup>th</sup> October 2024		
<b>Arweinydd Lead:</b>	Dyfed Edwards , Chair of Betsi Cadwaladr University Health Board and Lead Chair for the Mid Wales Joint Committee		
<b>Pwrpas yr adroddiad: Purpose of the Report:</b>	To agree the draft minutes of the Mid Wales Joint Committee meeting held on 14 <sup>th</sup> October 2024, review the action log and deal with any matters arising.	<b>Ar gyfer cytundeb For Agreement</b>	✓
		<b>Ar gyfer trafodaeth For Discussion</b>	
		<b>Ar gyfer gwybodaeth For Information</b>	
<b><u>Crynodeb / Summary</u></b> A virtual meeting of the Mid Wales Joint Committee was held via Teams on 14 <sup>th</sup> October 2024 and the draft unapproved minutes are attached for agreement by the Joint Committee.			
<b><u>Argymhelliad / Recommendation</u></b> <b>For agreement</b> - The Joint Committee are asked to agree the minutes of the meeting held on 14 <sup>th</sup> October 2024.			

**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 14 <sup>th</sup> October 2024
Venue:	Virtual meeting via Microsoft Teams
Present:	<p><b>Members</b>  Dyfed Edwards, Chair BCUHB and Lead Chair MWJC (Chair)  Neil Wooding, Chair HDdUHB  Hayley Thomas, Chief Executive, PTHB and Lead Chief Executive, MWJC  Dr Kate Wright, Medical Director, PTHB and Lead Clinical Executive Director, MWJC  Stephen Powell, Director of Planning, Performance and Commissioning, PTHB and Lead Planning Director, MWJC  Donna Pritchard, Corporate Lead Officer - Porth Gofal, Ceredigion County Council and Chair of the Mid Wales Social Care Group  Nicola Johnson, Executive Director of Planning, Performance and Commissioning, PTHB  Lee Davies, Executive Director of Strategy and Planning, HDdUHB  Dylan Williams, Assistant Director Health Strategy, BCUHB  Cllr. Alun Williams, Deputy Leader, Ceredigion County Council  Cllr. Sian Cox, Cabinet Member – Caring Powys, Powys County Council  Dylan Owen, Corporate Director Lead for Adult Social Services and Health (Strategic), Gwynedd Council</p> <p><b>Co-opted Members</b>  Andrea Blayney, Deputy Regional Manager, Llais  Peter Skitt, County Director Ceredigion, HDdUHB and Programme Director, MWJC  Cllr. Amanda Edwards, Ceredigion County Council and MWJSC  Cllr. Gwyn James, Ceredigion County Council and MWJSC  Dwynwen Jones, Ceredigion County Council and MWJSC  Bethan Adams, Gwynedd Council and MWJSC  Nia Williams, Programme Manager, MWJC  Emma Brooke, Project Support Officer, MWJC  Anna Prytherch, Head of Rural Health and Care Wales, RHCW  Llinos Jones, Translator, Trywydd</p>
In attendance:	

Ref	Agenda Item	Action
JC(25)01	<p><b>Welcome and Apologies for absence</b>  Mr Edwards introduced himself and advised that he had recently agreed to take on the role of Lead Chair for the Joint Committee. He extended his thanks to Judith Hardisty, who was Interim Chair of Hywel Dda University Health Board at the time of the last Joint Committee meeting, for assuming the Lead Chair role.</p> <p>Mr Edwards explained that the purpose of the meeting was to highlight the work that the organisations did together and was not to highlight the individual work of these organisations. This was a meeting where the public had an invitation to attend and there would be an opportunity for</p>	

	<p>anyone to raise questions about the Joint Committee's work during the listening to you agenda item.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Carl Cooper, Chair, Powys Teaching Health Board</li> <li>• Carol Shillabeer, Chief Executive, Powys Teaching Health Board</li> <li>• Prof. Phil Kloer, Interim Chief Executive, Hywel Dda University Health Board</li> <li>• Jason Killens, Chief Executive, Welsh Ambulance Services University NHS Trust</li> <li>• Rhonwen Jones, Planning &amp; Performance Business Partner, Welsh Ambulance Services University NHS Trust</li> <li>• Cllr. James Gibson-Watt, Leader, Powys County Council</li> <li>• Nina Davies, Director of Social Services and Housing, Powys County Council</li> <li>• Cllr. Dilwyn Morgan, Cabinet Member - Adults, Health and Wellbeing, Gwynedd Council</li> <li>• Katie Blackburn, Corporate Lead and Powys Regional Director, Llais</li> </ul>	
<p>JC(25)02</p>	<p><b>Minutes and Action Log of the Mid Wales Joint Committee meeting held on 29th April 2024 and Matters Arising</b></p> <p>The minutes of the Joint Committee meeting held on 29<sup>th</sup> April 2024 were <b>agreed</b> as a correct record.</p> <p>Mr Edwards referred to the following matters arising:</p> <ul style="list-style-type: none"> <li>• Mr Powell would shortly be leaving Powys Teaching Health Board to start a new role with Betsi Cadwaladr University Health Board as Executive Director of Performance &amp; Commissioning. Mr Powell would continue to be involved in the work of the Joint Committee in his new role.</li> <li>• Mrs Johnson had recently commenced in the role of Executive Director of Planning, Performance &amp; Commissioning for Powys Teaching Health Board and would be replacing Mr Powell.</li> <li>• Mr Skitt had been successful in securing a new role within the Operations Directorate of Hywel Dda University Health Board which he was due to commence shortly. As such he would no longer be the Joint Committee Programme Director and this would be his last Joint Committee meeting. Mr Edwards extended thanks to Mr Skitt for his work with the Mid Wales Joint Committee as Programme Director and with Rural Health and Care Wales as the Director Lead and Chair of the Stakeholder Group.</li> <li>• Local campaign groups had been granted a full judicial review hearing by the High Court regarding the Emergency Medical Retrieval and Transfer Service (EMRTS) recommendation which was likely to take place before Christmas 2024. Nothing further would be done until the hearing had taken place and when the decision was made by the High Court this would be noted.</li> </ul>	

JC(25)03

**Mid Wales Joint Committee's Priorities and Delivery Plan 2024/25 including the report of the Lead Chief Executive and the Mid Wales Planning and Delivery Executive Group**

Ms Thomas presented the report which she took as having been read by members. Thanks were extended to Mr Skitt who had been a very key individual in driving forward the work of the Joint Committee. The report set out those areas of work which were being progressed by the Joint Committee team and the Mid Wales Planning and Delivery Executive Group and good progress had been made on some areas.. The Mid Wales Clinical Advisory Group and Mid Wales Social Care Group were also working on their agreed priorities. The agenda item on organisational annual plans agenda item later on in the meeting would provide an update on the latest organisational positions and there would be a need to review the Mid Wales priorities against organisational plans.

Mr Skitt stated that one of the things that needed to be noted was that a considerable amount of work was being undertaken in organisations and this was a major achievement. In particular, reference was made to the work done around urology which had been clinically driven. Also, the colorectal clinic in Newtown had allowed services to be delivered as close to home as possible for the Powys population. There were a number of areas within the report that at present it was not possible to move forward on and which explained the fragility of services across the region. However, there were really good examples of joint working and learning being taken forward across the patch which would be taken into consideration when looking at the planning cycle.

Cllr. Williams asked for clarification on the timescale for the review of the Bronglais General Hospital strategy in light of the Clinical Services Plan which was due to be agreed by November 2025. Mr Skitt explained that the Bronglais General Hospital Strategy had been agreed a number of years ago. The Clinical Services Plan was looking at the fragility of services across Hywel Dda University Health Board which included those services which fed in and out of Bronglais General Hospital. This work was running alongside the Bronglais General Hospital strategy, however, the phases of the strategy and the relationship in terms of timing meant that the clinical work would not come to fruition until the agreed options for the Clinical Services Plan were known.

Cllr. Williams enquired as to which services were fragile at Bronglais General Hospital. Mr Skitt referred to the paediatric position which had been discussed recently, this position was now improving and they would be able to provide the service going forward. The position around gastroenterology was challenging to deliver on the Bronglais Hospital site and there were a number of areas with fragility in staffing which were being worked through. There had been major improvements in the stability of colorectal and rheumatology services.

	<p>The Mid Wales Joint Committee <b>noted</b> the update report on the Mid Wales Priorities and Delivery Plan 2024/25 including the report of the Lead Chief Executive and the Mid Wales Planning and Delivery Executive Group.</p>	
<p><b>JC(25)04</b></p>	<p><b>Mid Wales Joint Committee Subgroups update report</b></p> <ul style="list-style-type: none"> <li> <p><b>Mid Wales Clinical Advisory Group (MWCAG)</b></p> <p>Dr Wright presented the report of the Mid Wales Clinical Advisory Group for which some of its work had already been mentioned in the meeting. The focus for the urology priority was the prostate cancer PSA pathway. A lot of national work was also being undertaken and they had regrouped to consider whether there was any duplication of work. Links had been established with the national team to ensure they were not doing work which was being done nationally. Also, work had recently commenced on reviewing Trial Without Catheter services across the region with the main outcomes to date being shared learning across organisations and more people receiving the service in the community.</p> <p>Links had been established with the Hywel Dda University Health Board Rheumatology Consultant, based at Bronglais General Hospital. However, the work on exploring a regional model had not yet been commenced.</p> <p>For palliative care links had been established between the Mid Wales palliative care leads and the National Palliative Care and End of Life Programme team regarding the gaps and challenges faced around the delivery of palliative care services in rural Mid Wales.</p> <p>Given the national work being undertaken, there was a need to review the three clinical priorities and consider whether it was more prudent for the group to focus on other areas. There had been challenges in terms of the availability of clinicians to attend meetings which meant meetings had not been quorate. Where possible non-quorate meetings had continued, however, clinical time was limited and the group were working with the resources which were available to them.</p> <p><b>Rural Health and Care Wales (RHCW) Stakeholder Group</b></p> <p>Mr Skitt presented the report as Interim Chair of the Stakeholder Group which was a role he had assumed a year ago. The Stakeholder group, whose membership was made up of various representatives from health, social care, education and research institutions across Wales, co-ordinated the work of Rural Health and Care Wales. Mr Skitt advised that the Stakeholder Group Chair role was another area which would need leadership once he had assumed his new role with Hywel Dda University Health Board.</p> <p>Ms Thomas reported that she had already met with the Chief Executives of Hywel Dda and Betsi Cadwaladr University Health Boards to discuss the soon to be vacant roles of Joint Committee Programme Director and Chair of the Rural Health and Care Wales Stakeholder Group. She hoped to be able to share the details of the new arrangements in the next few months</p> </li> </ul>	

	<p>before the next meeting of the Joint Committee. Ms Thomas re-iterated the importance of the work undertaken by Rural Health and Care Wales.</p> <p>Members of the Joint Committee <b>noted</b> for information the update reports on its Subgroups.</p>	
<p><b>JC(25)05</b></p>	<p><b>Rural Health and Care Wales (RHCW) Work programme 2024/25</b></p> <p>Mr Skitt presented the update on the work programme and noted that there was a lot of on-going work being undertaken by the Rural Health and Care Wales team. The team had been set a challenge in respect of research and working with external bodies and they were now seeing a lot more external work across the UK and Europe including Germany and France. Rural Health and Care Wales were originally fully funded by the Health Boards; however, the team were now starting to generate its own income through external grants.</p> <p>The Rural Health and Care Wales Conference was being held the following month which for this year only would be a three day event rather than a two day event as in previous years. Unfortunately the conference dates clashed with some national events due to a change in the scheduling for the national events. The conference included a 10 year anniversary event for the Mid Wales Healthcare Study which was the reason that the Mid Wales Joint Committee and Rural Health Care Wales were established. There was a full agenda which dealt with rural issues, staffing issues, fragile services and highlighting lessons learnt with people from Canada, New Zealand and Scotland providing presentations at the conference.</p> <p>Ms Thomas stated that the key point to take from the report was the breadth of work being undertaken. She questioned whether a piece of work on sustainability of Primary Care in Mid Wales could be undertaken and whether the Joint Committee would like a deep dive on this. It would be helpful to include this in the forward work programme.</p> <p>Members of the Joint Committee <b>noted</b> for information the update report on the RHCW Work Programme 2024/25.</p>	
<p><b>JC(25)06</b></p>	<p><b>Annual plans for Mid Wales organisations</b></p> <p>The papers for the Joint Committee meeting, which had already been circulated, included copies of the Mid Wales organisational presentations on their 2024/25 annual plans. The following presentations were received and noted.</p> <ul style="list-style-type: none"> <li>• <b>Betsi Cadwaladr University Health Board</b></li> </ul> <p>Mr Williams drew members attention to the presentation and those key areas which were pertinent to rural health and how they served rural areas. Betsi Cadwaladr University Health Board covered a very large area of North Wales and they worked closely with other partners across the region. The Health Board were currently under special measures but they were committed to working themselves out of that position.</p>	

The foundation for the Health Board's annual plan centred around 5 key strategic objectives and these have continued into the 3 year plan and 10 year strategy. They were able to link all their objectives back to the overarching strategic objectives. In terms of the annual delivery plan, the focus was on building for the future. Key actions referred to included:

- There was a now a full complement of Independent Members in the Health Board and they were continuing to make Health Board leadership appointments. A significant amount of work was being undertaken in this area to ensure there was leadership at the top.
- Compassionate leadership was being progressed and a number of workshops had taken place across the organisation which had been initiated in 2023. Also a lot of work had been undertaken on values and behaviours which formed part of the 43 sub-objectives and were the golden thread running through the Health Board's plan to ensure patient care was delivered effectively.
- The new Director of Governance was in place and they were delivering work at pace on developing and implementing the quality governance process and systems.

A lot of the work for 2024/25 centred on the detailed special measures action plan and delivering 70% of the required measures. The Health Board were working very closely with the Welsh Government. One of the key areas being worked on was partnership working and being involved in partnership groups was important.

There was a commitment at Health Board level to develop a Clinical Services Strategy and Plan which would be done in a two phased approach. They would be working very closely with neighbouring Health Boards to share this work.

- **Powys Teaching Health Board**

Mr Powell stated that Powys was the largest geographical county in Wales and they had one Local Authority whom they worked very closely with. In 2017 they developed a 10 year integrated plan and over the years they have tested the strategic objectives to see whether they have stood the test of time and whether the 4 Wellbeing Objectives have delivered improvements for the population of Mid Wales.

The Health Board commissioned and provided services for the wellbeing objective on the 4 main disease groups identified in the integrated plan - Respiratory and Circulatory Health, Cancer and Mental Health. The wellbeing objective on joined up care supported the need to work in partnership cross county where the Health Board could not provide services in county.

The Health Board recognised that they couldn't deliver the plan in isolation and the integrated plan had four enablers - workforce futures, digital first, innovative environments and transforming in partnership. There was a need to embrace digital technology and developments. The Health Board were a big consumer of resources and there was a need to consider the

impact on the environment. Also the Health Board were all about partnerships and there was a need to think about rural Mid Wales. They were making inroads but that was all under the banner of partnership working.

Powys Teaching Health Board were in level 3 of enhanced monitoring due to its financial position. The Health Board were in a deficit position after a number of years of being in balanced position or within deficit. They were working on improving this position and a route map to sustainability had been developed as they tried to exit its current financial position and return to routine management.

The Health Board had developed some services in county themselves and they were looking at those services delivered out of county to see what could be delivered back in county. The aim was to deliver as much care as possible back in county.

Mr Owen asked for clarification on the duration of the integrated plan as it had been developed in 2017 but continued until 2029. He also enquired as to whether there was a partnership with the Local Authority and whether this was part of the plan. Mr Powell confirmed that the integrated plan was a 10 year plan but from a financial perspective the financial requirements was to have a 3 year plan in place, however, there was a need for a 5 year plan to get out of the current financial position. The Health Board undertook a lot of joint working with Powys County Council and had recently published a joint strategic document, 'Better Together', recognising the two organisations trying to deliver services in partnership and working more closely on operational delivery.

- **Hywel Dda University Health Board**

Mr Davies reported that Hywel Dda University Health Board were under targeted intervention and were currently in a challenged financial position. They were taking a systematic review of everything that they did in the organisation as there was a need to bring some financial stability to the organisation. The Health Board were expecting to have an improved position as their last financial forecast was above the control total set by the Welsh Government, however, they had a long journey to get back to financial stability.

The key challenges were the nursing workforce which brought fragility and impacted on quality of services. The Health Board had recruited nurses through international recruitment and grow your own schemes. They were now moving to a position of being free of agency staffing over the coming months and getting to establishment across all services.

The other priority was waiting time challenges and they were now looking at waits over 100 weeks, this was a stepping stone to get over the challenges from the Covid-19 pandemic. They had eradicated waits over 3 years and they were looking to the 8 week target for diagnostics and 10 week target for therapies. The other piece of work being focused on was

emergency care and the 6 goals programme. This was being implemented locally and there had been some significant improvements across all the sites. This had been particularly successful at Wthybush General Hospital, Haverfordwest, and they were looking at the frailty model across other sites.

For the Clinical Services Plan they were in the process of concluding phase 2. The plan was looking at how to make services sustainable not only for fragility but also to reduce waiting times with 9 service areas being looked at with 4 options developed for each service area. There was also a Primary Care and Community Services plan for which they were working with staff and the public on what primary care services looked like. The 'A Healthier Mid and West Wales' strategy was now 6 years old and they would be looking to review and refresh this strategy during the course of next year to consider the shift to prevention, care closer to home etc. The Health Board was currently going through an operational structure reorganisation, which was one of the key objectives for 2024/25, and it was hoped this would bring Health Board wide resilience.

Cllr. Williams referred to the temporary reduction in paediatric beds in Bronglais General Hospital and asked how long the temporary reduction would be for. Mr Davies advised that the Board had taken the decision to temporarily reduce the beds in September 2024. There had been ongoing discussions since the decision was taken. The key driver for this reduction were challenges in recruiting paediatric trained nurses which were a difficult group of staff to recruit. There had been some success in recruitment and it was hoped they could reinstate the service as soon as possible. Mr Skitt added that they were making progress on staffing and they have seen staff coming forward for roles. It was originally envisaged that the period for the temporary reduction would be 6 months but it was hoped that this would be shorter.

Mr Skitt referred to the Aberystwyth University Healthcare Education Centre with the first group of trainee nurses due to qualify in September 2025 which was an important step. Even though the Health Board had done well in its recruitment there would still be a space for these newly qualified students and they would be welcomed.

Mr Powell advised that at the Board meeting of Powys Teaching Health Board the previous week two temporary services changes had been discussed as part of a route map to sustainability. The temporary services changes were the reduction in opening hours of Minor Injury Units and the functioning of community hospitals. Ms Thomas advised that it would be helpful to share the board agreed evaluation approach in order to be clear on the definition of what was temporary as residents were concerned that temporary changes would become permanent. Also the Joint Committee needed to be aware of these temporary service changes.

Ms Thomas referred to the Hywel Dda strategy 'A Healthier Mid and West Wales', the Betsi Cadwaladr plan for its Clinical Services Plan and the

Powys actions required to become sustainable over the next 5 years. One of the actions that everyone needed to commit to as a Joint Committee was to work together, how to get and understanding of the Mid Wales position and to ensure all were updated on this position regularly. It was about how partners worked as a system. Ms Thomas was also aware of the Regional Partnership and Public Services Boards who also held this space and there was a need to look at how to bring them through in the context of Mid Wales.

Mr Edwards noted that the three presentations being provided together showed the challenges in the health sector, namely financial stability and recruitment, and there was a need to work in partnership to mitigate these challenges. He asked what could be done together in this space and what opportunities there were. Mr Edwards stated that he would welcome it if the Directors of Operational Planning took away these themes to identify what could be done in partnership, whether there were opportunities to work together in the challenging context and maybe they could share the interim findings in interim until the next meeting in 6 months' time.

- **Welsh Ambulance Services NHS Trust**

The Joint Committee papers included a presentation from the Welsh Ambulance Services NHS Trust. Unfortunately due to the Joint Committee meeting clashing with a key event there was no representative from the Trust available to attend the meeting to respond to any queries.

- **Gwynedd Council**

Mr Owen advised that the request to County Councils for annual plans was complex as their focus is on wellbeing and for his presentation the focus would be specifically on social care and working in partnership.

The priorities for Gwynedd Council were as follows:

- Tomorrow's Gwynedd: Giving children and young people with the best possible start in life.
- A prosperous Gwynedd: Ensuring Gwynedd's resident are prosperous and that they enjoy prosperity and live well.
- A homely Gwynedd: Ensuring people have the correct homes.
- A Welsh Gwynedd: As is true for all counties the Welsh language is important and this is being challenged with the issue being to continue to deliver services through Welsh language.
- A green Gwynedd: There was a need to ensure everyone was working towards alleviating towards climate change.
- An efficient Gwynedd.

A large piece of work had been undertaken in the last year, Llechen Lân, with the purpose of ensuring that Social Services for older people in Gwynedd were sustainable for the future. This was a big piece of work which showed the substantial challenges for Gwynedd and this would be published in the near future.

As an example the Gwynedd population had changed with the number of its older population increasing by 20% to 2043. The working population and number of under 16 year olds was forecast to decrease. The demand for social care was forecast to increase by 57% to 2043 and when trying to plan for the future there will be less people available to deliver services.

They were looking at Gwynedd being age friendly. In terms of looking at services for the elderly and considering the demography they were looking at more supported housing for people with disabilities to enable people to live in their locality. There wasn't a nursing home in the Llyn Peninsula and they were looking at establishing a nursing home in the area. Gwynedd Council were promoting work based on strength to reduce dependency on formal care services and they were trying to do that through technology. They were also trying to simplify the care system and trying to use direct payments to ensure independence. They also had a care academy which trained people to train carers. These projects ensured that they provided service locally. Rather than prevention they were enabling people to live their best lives and ensuring people's wellbeing was priority. Other work being progressed included an autism plan, eradication of poverty and ensuring the provision of appropriate residential homes. It was very difficult to do justice of the enormity of the work being undertaken.

Mr Edwards added that many of those projects in Gwynedd Council were happening in partnership.

- **Ceredigion County Council**

Mrs Pritchard advised that Ceredigion were 2.5 years into its 3 year strategy for age services for which the key areas of focus were early help and prevention and targeted services.

The strategy started in 2021 and was continuing until 2027 with the key principle being that every child, young person and adult should be enabled to reach their full potential.

Porth Cymorth Cynnar was about resilience and they were trying to engage with the community on what could be provided. A wellbeing centre had been developed in Lampeter last year with a wellbeing centre to be developed for Cardigan next year. It was also hoped that a wellbeing centre could be developed in Aberystwyth.

They had seen an increase in social and micro enterprises. In particular the micro element and they were trying to get these into hard to reach areas where they struggled to provide care.

They were also looking at support provided for unpaid carers to try and enable people to stay in the community for as long as possible. The number of community connectors had been doubled and they were looking at social isolation and supporting people to be involved in local communities. There were challenges with OT provision challenges and there was a need to make sure the process was as streamlined as

possible as disability facility grants helped people stay at home for as long as possible.

For Porth Gofal they were developing a trilogy of risk prevention services at the front door and were trying to work in partnership with the third sector to offer a low level service as people came in through the front door.

They were working with Health Boards to make sure they were effective in reducing delayed pathways of care.

The specialist disability service programme was in place. They hadn't been providing day care services since the Covid-19 pandemic but were looking to change this.

Ceredigion County Council had taken over the Hafan y Waun nursing home at Aberystwyth in November 2023. They were working in partnership with Hywel Dda University Health Board to consider how to make best use of facility and the development of the site.

The Penmorfa centre for independent living had been established and provided opportunities for early support and for those who wanted small pieces of equipment.

The capital programme included works on 6 inhouse residential homes for which 5 required significant capital work in relation to new fire safety regulations. This was impacting on residential services capacity.

Feasibility studies had been undertaken on the joint equipment stores and Yr Hafod residential care home at Cardigan.

Three residential children's accommodation facilities were being developed and two of these were being handed to the council the following week. The purpose of these developments was to bring children back from out of county placements, however, the key challenge was recruiting staff.

The key statutory services sat under Porth Cynnal and they had an embedded quality assurance framework. Areas of work being progressed included:

- Supported lodgings provision to provide better opportunities for children.
- Finalise the response to the dementia strategy and have a local dementia group.
- There had been a significant spike in suicide rates in Ceredigion and they were looking at developing practice and policies for rapid response services.

Other generic priorities being progressed included the Welsh Community Care Information System for which Ceredigion was one of earlier adopters and they were having to manage the procurement of a new system sooner

than most other organisations. They had approved a new provider and now the work had started on transferring to the new system.

- **Powys County Council**

Cllr. Sian Cox provided a verbal update on the Powys County Council plans which was from a cabinet members' perspective. Powys had a transformation programme which ran alongside the Better Together programme. There was a council wide programme on redesigning services which came under the Sustainable Powys programme. They had 5 core purposes across the county which were based on larger towns where the full range of services would be provided and based on massively increase working with third sector, Health Board and local public. They were talking to communities. The Local Authority now had wellbeing in its directorate which includes art therapy etc. and this was very much its direction of travel.

There was a need to recognise when people became frail but there was a lot that could be done to build wellbeing and develop frailty service to enable better support. They were working to support people on what matters to them and building on the wellbeing resilience of people and communities and networks. Within the social services team they were looking at the MDT model with integrated care pathways with Health Boards, third sector, staff and communities. They were looking to develop capacity to deliver.

There were 6 main projects, with 5 underway and 4 of these were in partnership. The localities model was being developed with social care teams in 5 hubs. An MDT team pilot was in place in South Powys and they were looking to roll this out across the county. The benefits of this approach included an increase in collective intelligence, reduced travel and an increase staff wellbeing. The approach was to be visible in communities, reduce misinformation about social care and increase people's understanding of what they wanted to achieve.

They were working with the Health Board on remodelling Mental Health services and workshops had taken place which included looking at how the Local Authority could best be a part of the section 112 pathway.

The Cynefin accommodation project on the redesign of care homes was on-going which was about understanding what the provision would be in the future. This included an increase in nursing care, developing extra care provision and supporting people to remain well within their own homes. They were looking at home based care as close as possible to people's homes.

The shared lives programme was about connections. They were modernising direct payments and domiciliary care to make it easier for micro enterprises to be set up and they want to encourage, enable and support those providing care.

	<p>The Health and Care academy had piloted a career enterprise scheme to try and introduce young people to concept of career in health and care which had been really successful. This had showed that there was significant interest in health and social care careers and a need to share more information on health and social care careers. This was now being rolled out across all high schools in Powys.</p> <p>Mr Edwards advised that it was worth underlining the work of the Local Authorities, many of their projects worked in partnership which were common to everyone. There was a need to try and highlight the opportunities to work together and what could be achieved together by the organisations, those that represented in the meeting and in the community and third sector groups. Despite the dark clouds in part due to the financial position there were opportunities to consider. Thanks were extended to all those who had provided presentations which provided a detailed view on what was happening and he looked forward to seeing the opportunities for working together.</p> <p>The Joint Committee <b>noted</b> for information the presentations on the 2024/25 annual plans for Mid Wales organisations.</p>	
<p><b>JC(25)07</b></p>	<p><b>Listening to You</b> Mr Edwards advised that no questions had been received from members of the public in advance of the meeting. No verbal questions were received during the Listening to You session.</p>	
<p><b>JC(25)08</b></p>	<p><b>Any Other Business</b> Mr Edwards asked Ms Thomas for her reflections on the meeting and what work could be progressed and implemented from now until the next Joint Committee meeting to be arranged for April 2025.</p> <p>Ms Thomas advised that the meeting was very interesting and lots of work was being undertaken across the whole system but what struck her was that there was a need to share information. Also Health Boards were updating their Clinical Service Plans and Local Authorities were updating their spending plans so there were a few actions which needed to be taken forward. She felt that working together made a substantial difference with the Aberystwyth University School of Nursing being one particular example. Also, she was aware that work was being undertaken to explore a potential Dental School in North Wales and this along with other opportunities needed to be shared. The Directors of Workforce met regularly and the next meeting of the Mid Wales Planning and Executive Delivery Group would be receiving an update on sharing education and development opportunities. Also, the Directors of Planning met regularly to look at how plans looked from a Mid Wales lens with one particular piece of work looking at Primary Care sustainability. These were the key actions which were important over the next few months.</p> <p>Mr Skitt reiterated the importance of planning in the public domain. He was aware that there was anxiety in the public domain and there was a need to</p>	

	<p>demonstrate that organisations were working together, including with services in the English system, and to make sure affected populations were being considered, however, this was a big ask. Mr Edwards noted that these were large organisations but there was still a need to work together to look at opportunities to produce mitigation or alternative choices for people. One of the first things that happened with partnerships was that organisations competed against each other with a danger that they battened down the hatches with recruitment being one example. It was important to get a unified approach to these challenges.</p> <p>Mr Edwards encouraged everyone to support and work with each other to support the Mid Wales region. Thanks were extended to everyone for attending the meeting, the preparation of papers and the translation services.</p>	
<b>JC(25)09</b>	<p><b>Time and Date of Next meeting</b> The time and date for the next meeting would be arranged for April 2025.</p> <p>The Rural Health and Care Wales conference was due to be held from 5<sup>th</sup> to 7<sup>th</sup> November 2024 and was open for everyone to attend.</p>	

KEY	
BCUHB	Betsi Cadwaladr University Health Board
EMRTS	Emergency Medical Retrieval and Transfer Service
HB	Health Board
HDdUHB	Hywel Dda University Health Board
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
PTHB	Powys Teaching Health Board
RHCW	Rural Health and Care Wales
WAST	Welsh Ambulance Services NHS Trust