

**EITEM AGENDA / AGENDA ITEM: 8.3****Cyd-bwyllgor Iechyd a Gofal y Canolbarth ar gyfer Iechyd a Gofal /  
Mid Wales Joint Committee for Health and Care**

<b>Enw'r Is-Grŵp: Name of Sub-Group:</b>	Rural Health and Care Wales Stakeholder Group
<b>Cadeirydd y Is-Grŵp: Chair of Sub-Group:</b>	Jack Evershed
<b>Dyddiad y Cyfarfod Is-Grŵp diwethaf: Date of last Sub-Group Meeting:</b>	14 <sup>th</sup> September 2021
<b>Cyfnod Adrodd: Reporting Period:</b>	June – September 2021
<b>Y Penderfyniadau a'r Materion a Ystyriodd yr Is-Grŵp: Key Decisions and Matters Considered by the Sub-Group:</b>	
<ul style="list-style-type: none"> <li>• Minutes RHCW Management and Steering Groups meeting held on 8th June 2021</li> <li>• Matters Arising and Table of Actions</li> <li>• RHCW Progress Report <ul style="list-style-type: none"> <li>a) Final RHCW Work Programme 2021/22</li> <li>b) Final Education and Training report</li> </ul> </li> <li>• Homecare Smart Hub and enabling infrastructure <ul style="list-style-type: none"> <li>- a presentation by Dr Leshan Uggalla &amp; Prof. Andrew Ware, USW</li> </ul> </li> <li>• Dolgellau Education Hub <ul style="list-style-type: none"> <li>- a presentation by Anne Thomas, BCUHB &amp; Keith Jones, Bangor University</li> </ul> </li> </ul>	
<b>Materion sydd angen eu cytuno new trafod ymhellach gan y Grŵp Gweithredol Cynllunio a Chyflenwi: Items to be referred to the Planning and Delivery Executive Group for agreement or discussion:</b>	
Minutes of the meeting held on 14th September 2021 are attached for information and discussion.	
<b>Gwaith Cynlluniedig yr Is-Grŵp ar gyfer y cyfnod nesaf: Planned Sub-Group work for the next period:</b>	
To continue to monitor progress made against the RHCW Work Programme 2021/22 (final version attached as Appendix 1).	
To complete identified actions from the meeting held on the 14th September 2021, as outlined below:	

- AP to seek to resolve technical issues and forward remote robotic video to members.
- Conclusion and recommendations from the Final Education and Training report to be agenda item for discussion at next meeting
- Members to forward any suggestions for governance of Senior Project Manager Value-based Healthcare (rural, funded by 3 health boards) to AP to forward to MD
- Update on PTHB Academy to be presented at December meeting (RHCW Stakeholder Group)
- Results of surveys and selected community for the Cardi Care intervention to be presented to the Stakeholder Group at its December meeting
- JE to gauge public opinion of the draft New Roles in the Health and Care sector via the Public and Patient Engagement & Involvement Forum
- RHCW Conference Plenary speaker invitations to be sent out
- The next RHCW Webinar, taking place in January 2022, to be an Agenda item for the December meeting
- Copy of the Presentation on the Homecare Smart Hub and enabling infrastructure to be circulated to members.
- Copy of the Dolgellau Education Hub presentation to be circulated to members.
- A review of the format of future RHCW Stakeholder Group meetings (in person / virtual / hybrid) to be undertaken at the December meeting

***Dyddiad y Cyfarfod Is-Grŵp Nesaf:***

**Date of Next Sub-Group Meeting:**

14<sup>th</sup> December 2021

**UNAPPROVED MINUTES OF THE  
RURAL HEALTH AND CARE WALES  
STAKEHOLDER GROUP MEETING**

<b>Time and date of meeting:</b>	10am on Tuesday 14 <sup>th</sup> September 2021
<b>Venue:</b>	Virtual meeting via Microsoft TEAMS
<b>Present (via MS TEAMS):</b>	<ul style="list-style-type: none"> <li>• Jack Evershed, Chair, RHCW (<b>JE</b>)</li> <li>• Francis Gerrard Cardiff University (<b>FG</b>)</li> <li>• Rachel Rahman, Aberystwyth University (<b>RR</b>)</li> <li>• Wendy Hooson, Head of Health Strategy and Planning, BCUHB (<b>WH</b>)</li> <li>• Mari Wynne Jones Gwynedd County Council (<b>MWJ</b>)</li> <li>• Nigel Rees, Head of Research &amp; Innovation, WAST (<b>NRe</b>)</li> <li>• Lauren Blake Swansea University (<b>LB</b>)</li> <li>• Manon Elwyn Hughes Gwynedd CC (<b>MEH</b>)</li> <li>• Kate Wright Powys Teaching HB (<b>KW</b>)</li> </ul> <p style="text-align: center;"><b>Speakers:</b></p> <ul style="list-style-type: none"> <li>• Professor Andrew Ware</li> <li>• Leshan Uggalla Sneior Lecturer USW</li> <li>• Keith Jones University of Bangor</li> <li>• Anne Thomas Lead Nurse Outpatients BCUHB</li> </ul>
<b>In attendance (via MS TEAMS):</b>	<ul style="list-style-type: none"> <li>• Anna Prytherch, Head of RHCW (<b>AP</b>)</li> <li>• Helena O Sullivan RHCW Development Officer (<b>HoS</b>)</li> <li>• Lleucu Morgan Cardi Care Co-ordinator (<b>LM</b>)</li> </ul>

<b>Agenda item</b>	<b>Item</b>	<b>Action</b>
<b>StG (01)</b>	<p><b>1. Welcome and Introductions</b></p> <p>JE welcomed members to the RHCW Stakeholder Group meeting, the first since the change from the Management and Steering Groups, and thanked everyone for attending. JE asked members to introduce themselves as there were some new members attending; introductions were made. JE welcomed Lleucu Morgan (LM) who has started in her role as RHCW Cardi Care Co-Ordinator.</p> <p>It was noted that MD would be joining the meeting at some point as a spectator, so she would be able to give members more of an insight on her new role as Senior Project</p>	

	<p>Manager for Value Based Health Care, working for the three health boards. It had been hoped that representatives from the three RI&amp;I Hubs would also be part of the meeting, as they are now part of the Stakeholder Group and their work is also closely aligned to that of RHCW, however none were able to attend today's meeting.</p> <p>JE asked if anyone wished for the meeting to be recorded and this was declined, as minutes would suffice.</p> <p>In order to assist with facilitating a virtual meeting, the following requests were made:</p> <ul style="list-style-type: none"> <li>• keep microphones on mute, unless speaking</li> <li>• use the 'raise a hand' option when wishing to speak</li> <li>• use chat activity for messaging / making comments.</li> </ul>	
<p><b>StG (02)</b></p>	<p><b>2. Apologies for absence</b></p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Peter Skitt, County Director, HDdUHB <b>(PS)</b></li> <li>• Jason Killens Welsh Ambulance Service Trust <b>(JK)</b></li> <li>• Hayley Thomas Powys Teaching Health Board <b>(HT)</b></li> <li>• Lynne Williams Bangor University <b>(LW)</b></li> <li>• Jo Whitehead BCUHB <b>(JW)</b></li> <li>• Alison Bulman Powys County Council <b>(AB)</b></li> <li>• Dafydd Trystan Coleg Cymraeg Cenedlaethol <b>(DT)</b></li> <li>• Karen Stapelton Swansea Bay UHB <b>(KS)</b></li> <li>• Donna Pritchard Ceredigion County Council <b>(DP)</b></li> <li>• Sue Fish, GP Borth Surgery, Primary Care <b>(SF)</b></li> <li>• Dafydd Gibbard Gwynedd County Council <b>(DG)</b></li> <li>• Wendy Dearing UWTSD <b>(WD)</b></li> <li>• Tom Brooks Public Representative Gwynedd / Community Hospitals Association <b>(TB)</b></li> <li>• Heidi Philips Swansea University <b>(HP)</b></li> <li>• Caroline Turner Powys CC <b>(CT)</b></li> <li>• Sarah Bartlett North Wales RI&amp;I <b>(SB)</b></li> <li>• Elin Brock West Wales RI&amp;I <b>(EB)</b></li> <li>• Nicola Ruck Powys Public / Patient Representative <b>(NR)</b></li> <li>• Heather Parry Cambrian Training <b>(HP)</b></li> <li>• Sara Jones Coleg Ceredigion <b>(SJ)</b></li> <li>• Paul Buss PTHB <b>(PB)</b></li> <li>• Gabrielle Heathcote Ceredigion Public / Patient Representative <b>(GH)</b></li> </ul>	

	<ul style="list-style-type: none"> <li>• Sion Arch Swansea Bay UHB (<b>SA</b>)</li> <li>• Michelle Dunning Senior Project Manager Value Based Health Care (<b>MD</b>)</li> </ul>	
<b>StG (03)</b>	<p><b>3. Minutes RHCW Management and Steering Groups meeting held on 8th June 2021</b></p> <p>The minutes of the RHCW Management and Steering Groups meeting held on the 8<sup>th</sup> June 2021 were presented for accuracy and comments; subject to a typing error on page 13 being corrected, the minutes were agreed as an accurate record.</p>	
<b>StG (04)</b>	<p><b>4. Matters Arising and Table of Actions</b></p> <p><b>SG74 (SG68)</b> AP is aware that the video from the robotics presentation has yet to be circulated; this continues to be a problem due to the size of the file and AP has not forgotten and a solution to solve this is still being sought.</p> <p><b>SG75 p.5</b> The final draft of the Education and Training Report has been circulated, this being a snapshot in time of provision (September 2021) albeit the document could be updated in a few years. All nine Universities had been contacted and given the opportunity to offer feedback. AP suggested that Education and Training be added as an agenda item for the next Stakeholder meeting, to enable members to read the final version and have the opportunity to discuss. The report only includes Higher Education courses and does not contain information on apprenticeships, which is another area of potential work. JE noted that the original idea for this report was to scope what is currently available and from there moving on to what is not available and where the gaps are in Health and Care Courses. The next Stakeholder meeting needs to decide whether this is a useful document and to return to it in a number of years to update.</p> <p><b>SG75 p.7</b> AP noted that MD had been appointed as Senior Project Manager for Value Based Health Care and will be working on value-based projects across the three Health Boards. MD is currently working on the best governance fit for her role and this will be presented at the next value-based meeting. JE suggested that if members had any ideas for governance of the role, to pass this to AP.</p> <p><b>SG75</b> The update on the PTHB Health and Care Academy, had been moved to the December 2021 meeting. <i>[The following was noted in the Teams chat: KW wrote that PTHB will have the new Academy open very soon. FG</i></p>	<p>AP</p> <p>AP / HoS</p> <p>All</p> <p>AP / HoS</p>

	<p><i>replied that Cardiff University would want to work closely with the Health and Care Academy for rural exposure.]</i></p> <p><b>SG75</b> SF had previously flagged work being undertaken on Artificial Intelligence (AI) within the Bevan Exemplar programme. AP had investigated this and confirmed that the only project she was aware of was the adoption of AI-enabled virtual assistants that was being tested in paediatric services at Aneurin Bevan University Health Board</p> <p>All other Actions in the table had been completed.</p>	
<p><b>StG (05)</b></p>	<p><b>5. RHCW Progress Report</b></p> <p>AP presented Paper 3 relating to progress in attaining the RHCW Work Programme 2021/22, with specific reference made to the following:</p> <p><b>p1. On your Bike</b> – Cynnal Y Cardi have now said that supply of the bikes has to go to tender, despite previously stating that this was not necessary and several site meetings having been held with the identified suppliers, The Great Outdoor Gym Company. AP noted that this was embarrassing. The contract for installation of the bikes is between Ceredigion County Council and The Great Outdoor Gym Company. On a more positive note, the project has been accepted on to the Bevan Exemplar Programme, Cohort 7, with the programme to commence on the 30<sup>th</sup> September 2021. In response to a question raised, AP confirmed that the research work on the project will be conducted by RHCW, not the Bevan Commission; the Exemplar Programme is a flagship programme that will raise the profile of the project and work of RHCW. The Bevan Commission does not specify how the research is to be undertaken, but they do have a panel of experts who will advise where needed.</p> <p><b>p.1</b> The first draft of the <b>Well-being Walks</b> leaflet has been received and it is still hoped that this initiative will be extended to Tywyn (Gwynedd) and Machynlleth (Powys), so that there will be a three-county set of walks in place. The intention is that these leaflets and launch events will raise awareness and association of health / wellbeing and outdoor activity.</p> <p><b>p.1</b> The review of <b>Social and Green Prescribing</b> across Mid Wales will be presented to PDEG on the 28<sup>th</sup> September 2021. Meetings have been held with all three Health Boards; BCUHB and HDdUHB are very active, with</p>	

	<p>identified leads, however within PTHB it has been more difficult to find a main point of contact. AP is interested in connecting with the County Councils and she would welcome input from any of these representatives on the best point of contact. As there were several new members in attendance at the meeting, AP explained that PDEG (Planning and Delivery Executive Board) consists of the Chief Executives from the three Health Boards along with Senior Staff, who in turn report to the MWJC. AP is the nominated lead for Green and Social Prescribing for the MWJC. AP's initial recommendation to the MWJC was that as the Welsh Government is working on a national framework for Social Prescribing, that health board strategies are put on hold until this is published. JE noted that there is a lot going on in the Social and Green Prescribing area.</p> <p><b>p.1 Cardi Care</b> – LM has commenced in her post as Cardi Care Co-Ordinator (16/08/21). The first set of questionnaires have been sent out to the 4 identified communities and responses will be analysed after the closing date, 20<sup>th</sup> September 2021. AP and LM will meet with the Solva Care mentors on the 29<sup>th</sup> September 2021, when selection of the community to receive support will be undertaken. In the December 2021 meeting, the selected community will be presented to the Stakeholder Group. JE stated that it may be helpful to new members of the group for AP to give some background on Solva Care. Solva Care is recognised as a brilliant community resource, orchestrating teams of local volunteers to deliver services to residents in need, such as doing their shopping, providing friendship, hosting social events / luncheons, taking individuals to appointments and a host of other activities. AP also suggested looking up Solva Care (<a href="https://www.solvacare.co.uk">https://www.solvacare.co.uk</a>); the toolkit is easy to find. JE noted the good work undertaken by Solva Caer and he also noted that, ironically, it could be that the community which is most responsive to the Cardi Care questionnaires is the one who needs the help least.</p> <p><b>p.2</b> The grant-funded PhD at Aberystwyth University that will research loneliness and isolation in rural areas ("<i>How living in rural areas contributes to feelings of loneliness in diverse rural communities, and the role communities play in addressing social inequality</i>") received a number of good applications, with interviews to take place on the 17<sup>th</sup> September 2021 (AP on interview panel).</p> <p><b>p.2</b> The Technology Enabled Care (TEC) presentation to the RHCW Management and Steering Groups received a</p>	LM
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	<p>good response and a follow-on TEC Focus Group / Discussion Forum has been set up for 10am – 12 on 21<sup>st</sup> September 2021. Members of the RHCW Stakeholder Group and the MWJC Clinical Advisory Group have been invited to attend.</p> <p><b>p.3</b> The review of <b>Health and Social Care Education and Training in Wales 2021</b> has been completed and was discussed under matters arising.</p> <p><b>p.3 Coleg Ceredigion</b> has been successful in securing a EU grant for 10 Level 3 Health and Care students to visit Alberta in Canada for 3 weeks in February 2022 (subject to Covid travel restrictions). AP will be part of the interview panel on the 20<sup>th</sup> October to select the students for the trip. The College has also been invited to submit a Poster for this year’s RHCW Conference to outline the proposed research / project and to present their findings at the RHCW Conference in 2022. AP noted that RHCW has also received a submission from Canada for the RHCW Conference 2021.</p> <p><b>p.4</b> Appendix 2 attached to the report provides a draft of identified <b>New Roles in Health and Care</b>; this work is being undertaken at the request of Steering Group and will be produced in the format of an infographic. RHCW has researched the new roles and AP sought clarification from the Group as to whether the roles of Occupational Therapist and Podiatrist should be classed as new roles or whether these are already established health care roles. The question was whether the Public / Patient representatives would wish to include these. JE stated that he would like to take advice on this. NR agreed and noted that clarification on what exactly was meant by “new” was required as he noted that 11 years ago his role was that of Advanced Paramedic Practitioner and that these roles currently hold significance for rural communities. NR was also aware of some past reports of the role of Advanced Paramedics in Primary Care. AP noted that the initial request had come from a public understanding perspective; JE stated that he believed it would be of benefit to ask the lay people as the professionals are familiar with these roles. JE will also take this to his public engagement group for comment and feedback.</p> <p><b>p.4</b> The <b>RHCW Conference</b> is taking place on the 9<sup>th</sup> and 10<sup>th</sup> November 2021 under the heading “<i>When Challenges lead to Change – improvements and innovation in Rural Health and Care</i>”. The call for papers and posters is open until the 17<sup>th</sup> September 2021; there has so far been a</p>	<p>JE</p>
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	<p>good response but not as many as in the past. The Conference will be held as a hybrid event with a smaller in-person audience and live streaming for online access. AP believed that the flexibility of a hybrid event that encompasses online options to present has been attractive to people, with again some International applications this year. As suggested from the feedback from last year's event, a special section has been included for students in the Poster competition. AP confirmed that invitations to deliver Plenary sessions will be sent to:</p> <ul style="list-style-type: none"> <li>• the Chief Executives from the 3 Health Boards (as last year)</li> <li>• representatives from the 3 RI&amp;I Hubs (West Wales, North Wales and Powys)</li> <li>• Philippe Hornsi (real time remote, robotic ultrasound diagnostic processes)</li> <li>• Anna Lungren from the Nordic Countries</li> </ul> <p>AP has invited The First Minister Mark Drakeford and the Health Minister Eluned Morgan to Open the Conference on both days; still awaiting their response.</p> <p>AP noted that the online instantaneous evaluation software Mentimetre worked well at the RHCW Webinar and this will also be used at the Conference.</p> <p>JE asked with regard the technical side and AP confirmed that the Conference would be streamed live from Builth and there has not in the past been a problem with connectivity from there.</p> <p>AP noted that most health boards and Universities have submitted applications to present at the Conference, however no submission had been received from Cardiff. FG confirmed that she was having a meeting later today (14th September 2021) to discuss a possible submission. AP asked if FG wanted to provide an update on medical training in Bangor. FG responded that unfortunately there had been some misinformation in the press, as it had been reported that students could apply directly to Bangor University to undertake medical training, but this was not the case and applications had to go through Cardiff University. FG explained that 4<sup>th</sup> year students who wished to skip the 1<sup>st</sup> year training, needed to come from specific encapsulated degree courses. FG explained that this course was not in direct competition with Swansea University's postgraduate course in medicine, as students had to come from specific courses in Bangor or Cardiff to be eligible. Students at Bangor will be studying the Cardiff</p>	<p>AP</p>
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	<p>curriculum. The student numbers will begin at 20 but will increase to 40.</p> <p>NR asked if WAST had submitted a paper for the RHCW Conference and AP confirmed that to date they hadn't.</p> <p>AP asked LB to update the group on the increased number of medical students at Swansea University. LB confirmed that 25 extra places had been confirmed on the Friday (27<sup>th</sup> August 2021) before the term started (31<sup>st</sup> August 2021), so that there are now 125 students in the 1<sup>st</sup> year cohort (previously 100). FG noted that the increased capacity did come with caveats as there are problems with finding increased placements for the increased number of students. She also noted that in England substantially more is paid for the placements than in Wales. JE asked did that mean that Wales lost students to England. FG noted that not necessarily, but it did create disparity in the competition, she further explained that some medical schools are private and provide placements for overseas students.</p> <p><b>p.5</b> AP noted the next RHCW webinar will be held in January 2022. Further information will be presented at the next Stakeholder meeting in December 2021, as priority is currently being given to the RHCW Conference which will be held first in November 2021.</p>	AP
StG (06)	<p><b>6. Homecare Smart Hub and enabling infrastructure</b></p> <p>JE introduced Senior Lecturer Leshan Uggalla (LU) and Professor Andrew Ware (AW) of USW; LU and AW presented their proposed research project "Homecare Smart Hub and enabling infrastructure".</p> <p>The purpose of the proposed Homecare Smart hub is to link patients to NHS reporting systems and provide a gateway to accessing patient data. Whilst referring to the "NHS", Leshan explained that this encompassed GP's, carers etc. The technology would also enable the NHS / GPs to access live patient data and health monitoring measurements such as blood pressure, oxygen levels, sugar levels etc. The proposed hub will provide an infrastructure or interface that will allow patients to connect with NHS system from a range of devices.</p> <p>An application for grant funding (circa. £500k) is currently being submitted, with the intent that a research project on use and value of the hub commences in November –</p>	

	<p>December 2021. The hub technology will enable monitoring of a range of measurements, such as temperature checking, blood pressure, epileptic and heart conditions etc.</p> <p>The hub could be installed in not just residential properties, but also in GP surgeries, residential care homes, outpatient departments and, hospital wards, reducing the time it would take to do routine checks in a ward for example. People living alone have an installed hub that could use thermal cameras to check location and health of a person. Monitoring falls or health incidents.</p> <p>JE asked, with regard to the installation of such a device for a person living on their own, how easy are the mechanics of this process? LU confirmed that this process was similar to a BT operator installing a router, connecting it to the power supply. It can be easily done by the individual but also can be completed by the NHS team, depending on the abilities of the person receiving the device.</p> <p>JE asked re the point of contact, would this be a monitoring centre? LU replied that this could be robotic; the aim is to have everything automatic, but the hierarchy will be important. The system could also send a message to GP surgeries.</p> <p>NR noted that this could have huge implications for WAST, as demand for ambulances has increased by 7% over recent years. During Covid, there has been a massive increase in the number of people with high temperatures. NR asked two questions a) whether the project has considered re the human interface and b) the AI aspect. He added that he believes that the use of AI for remote monitoring is going to be very important development, however he asked where would governance lie? AW replied to say AI has come a long way, but it does need to tie in with the end use and which is why for this project they need to ensure that a solution is found which is fit for purpose. AI holds huge potential but there are many issues and questions to address along the way. KW noted that the proposed project was interesting, especially with regard to falls detection; the comments NR had made were very useful. KW believed that the device would be best used for targeted projects and that it is important that the technology is used to build an evidence based. However, human contact cannot be underestimated and there is a need to be cautious about the medicalisation of people. JE noted that this project will be a great help, but it will not replace people.</p>	
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	<p>JE thanked LU and AW for a very interesting presentation. A copy of the presentation will be circulated to members</p>	HoS
<b>StG (07)</b>	<p><b>7. Dolgellau Education Hub</b></p> <p>JE introduced Keith Jones (KJ) of Bangor University and Anne Thomas (AT) Staff Nurse in Outpatients.</p> <p>AT introduced the Dolgellau Community Hospital (CH): Hub and Spoke model of practice learning in rural areas. The Community Hospitals in north Wales have seen and increase in numbers of students on placement from Bangor University and they wanted to optimise the experience of the students. This has been done through adopting a Hub and Spoke Placement Model where the student is allocated a “Hub” for their placement and then undertake a series of “Spoke” placements in different settings within the hospital. Placements can be a problem for medical and nursing students and this system affords the opportunity of increasing capacity. This in turn allows students to be more innovative and creative; it also enables the student to become part of the community hospital team.</p> <p>The Dolgellau Education Hub (DEH) allows students increased access to clinical procedures. In larger hospital placements, students are often only offered one type of exposure, however in Dolgellau hospital, they could gain experience of up to 20 different specialities.</p> <p>Cader Ward, the only ward in Dolgellau CH, is Hub and Ward Managers liaise with the Spoke supervisors on the student placements. In OPD, the Spoke introductions are undertaken, with students provided with a handbook, familiarised with patient documents, and given timetables for their placement period. A detailed timetable is put in place for each student, but should any student have an area of specific interest, increased clinical experience in this area can be arranged. 3 x 2-hour Interactive teaching sessions on Community Health are also included within the placements.</p> <p>Students are introduced to the idea that patients are patients but are also individuals living in the community. It is recommended that the students become familiar with the local communities; the farming community is an example of one such community, which is a large part of rural life.</p> <p>Students are encouraged to use the Education Hub for their academic needs, however the project also includes a</p>	

	<p>Charity Champions Initiative, whose aim is to improve patient care by encouraging student nurses to champion a Third Sector voluntary health organisation by raising awareness of their chosen charity. This is a win win for the chosen charity, the University, Third Sector and the nurses, as it all helps the third sector take some of the burden of the NHS. The Champions Charity initiative started with a nurse from Sierra Leone who had an interest in the cardiac field as there is high incidence in Sierra Leone.</p> <p>Another initiative that has been developed is the Education Hub itself, which has been developed from feedback received from the students themselves. There were 5 students living together and trying to work in a small space, therefore dedicated study space was found where there have 24/7 access to computers, books and a quite learning environment.</p> <p>The Education Hub also allows for inter professional learning as other health sector workers use the space and so they learn from each other; the example given was nurses and physiotherapists.</p> <p>A temporary log-in to BCUHB is provided to the students and remote access is provided so that they can attend online University based lectures.</p> <p>JE noted at the end of the presentation that this work chimes with the work that's been done in Aberystwyth.</p> <p>KJ wanted to express his sincere gratitude for the work of AT and he explained that they are passionate about bring engagement to the local community.</p> <p>AP also reminded the group of the work AT had previously presented on at the RHCW Conference, based on monitoring health of farmers attending local marts and commended AT on her leadership / innovative approach to addressing challenges.</p> <p>The Hub and Spoke model is led by the University; it allows for a synergy between nursing and medical placements that does not always currently happen. AT noted that the physiotherapists within the hospital were very keen on the model, as is the radiotherapy team; she believes that knowing what the community want is central to everything and it doesn't matter whether they are medical or radiotherapy students.</p>	
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	<p>There is currently enough staff in Dolgellau and Barmouth Hospital to look after 5 students. The Educational Hub has made such a difference to students on placement within the community, including support of their emotional health.</p> <p>JE asked about following patients along a care route. KJ noted that this was crucial to the thinking of the project.</p> <p>JE thanked AT and KJ for a very informative and interesting presentation. A copy of the presentation will be circulated to members</p>	HoS
<b>StG (08)</b>	<p><b>8. Any other business</b></p> <p>AP asked whether members wished for the Stakeholder Group meetings to continue to be held virtually. JE said that other meetings he attends, which were to be held in person or hybrid, have now reverted back to being held virtually. JE felt that we were not in a position to make a decision at this meeting, but this would be reviewed again at the Stakeholder Group meeting in December 2021.</p> <p>JE noted that no other business was raised, and he thanked everyone for attending and for their contributions to discussions.</p>	JE
<b>StG (09)</b>	<p><b>Date and Time of Next Meeting</b></p> <p><b>14<sup>th</sup> December 2021, 10am – 12:30pm</b></p> <p>[Dates of future meeting in 2022: <b>08/03/22, 14/06/22, 13/09/22 and 13/12/22</b>]</p>	



IECHYD A GOFAL GWLEDIG CYMRU  
RURAL HEALTH AND CARE WALES

# WORK PROGRAMME

April 2021 – March 2022

Below is the Work Programme for RHCW for the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022, aligned with the strategic priorities and aims of the Mid Wales Joint Committee for Health and Social Care.

Aligned with MWJC Strategic Aims:

## 1. Aim 1: Health, Wellbeing and Prevention

- *Improve the health and wellbeing of the Mid Wales population*
- Instigate research into community projects that support innovative health and care provision in rural areas, e.g. community resilience / best practice models (e.g. Cardi Care) and pilot these for future roll-out  
*TARGET: Cardi Care project to be completed by July 2022*
- Develop and deliver rural health and care research proposals, based on identified needs, to include completion of delivery of the “On your bike” project (Cynnal y Cardi / LEADER funded) and other projects that align with the RHCW / MWJC Aims and Objectives  
*TARGET: second phase of “On your Bike project” (installation of bikes and research on usage) to be completed by 31st March 2022*
- Take an active role in Green Health and Social Prescribing matters across Mid Wales, providing the administrative function for the Green Health in Practice network and sitting on the Wales School for Social Prescribing Research and other social prescribing / green health networks to maximise health and wellbeing benefits for rural populations

## 2. Aim 2: Care Closer to Home

- *create a sustainable health and social care system for the population of Mid Wales which has greater focus on care closer to home*
- deliver the Cardi Care community resilience project  
*TARGET: Cardi Care project to be completed by July 2022*

- conduct research on the community hospitals across rural Mid Wales to ascertain their service provision, areas of concern and measures of relevance and compare with national benchmarking criteria  
*TARGET: to be completed by December 2021*
- develop and submit grant / research proposals that will support the creation of sustainable health and social care systems for the populations of Mid Wales
- undertake research into the impact of Covid-19 on the delivery of health and care services across Mid Wales, focussing on the following:
  1. collating the experiences and lessons learnt by health and care providers across Mid Wales
  2. undertaking research into community resilience and the significance of strong communities in supporting local populations during the pandemic
  3. considering differences in the delivery of telehealth / telemedicine interventions during the pandemic and future implications
- Explore the possibility of developing and co-ordinating a Mid Wales Value-based Healthcare Hub involving the three health boards, in order to develop a common understanding and rural value-based assessment process, in addition to identifying collaborative value-based projects  
*TARGET: Develop a proposal for a Rural Value-based Healthcare Hub by June 2021; develop a minimum of two projects for the Rural Value-based Healthcare Hub, should it proceed, by March 2022*
- Support and pilot digital health / telemedicine initiatives

### **3. Aim 3: Rural Health and Care Workforce**

- *Create a flexible and sustainable rural health and care workforce for the delivery of high quality services which support the healthcare needs of rural communities across Mid Wales*
- Complete the extensive research undertaking on the provision of Education and Training across Wales and identification of gaps in rural areas  
*TARGET: for completion by June 2021*
- Support initiatives that provide education, training and CPD to health and care professionals working in rural areas of Wales
- Work with all relevant stakeholders and policy decision makers to support the development of an increased provision of “local” training for health and care professionals in Mid Wales
- Continue to support and provide input into the development of rural credentials for doctors / GPs working in rural areas (GMC / NHS Education in Scotland)  
*TARGET: Rural credential should be finalised by 2022*

- support Universities to provide rural graduate and postgraduate training for medical students and the wider healthcare professions, encouraging local applications / widening participation  
*TARGET: submit/support at least one application for funding for a PhD student, to work on research identified within the RHCW Work Programme*
- support further education institutions and work-based organisations in their provision of apprenticeship schemes relevant to rural health and care in the Mid Wales area, participating in the Regional Learning and Skills Partnership for South West and Mid Wales and contributing to the annual Skills Plan for the area (health and care)
- support career events to holistically promote health and care careers in Mid Wales and support health boards / local authority recruitment campaigns
- Participate in consultations and workshops relevant to the rural health and care workforce
- Undertake research that identifies emerging “new” health and care roles and qualifications that are required to support rural populations
- Produce an infographic on the roles within Primary Care across the Mid Wales region, for public/patient use  
*TARGET: to be completed by September 2021*
- Publish the research conducted on the recruitment and retention of health and social care professionals in rural areas; continue to both instigate and support innovative proposals that address barriers to recruitment and retention  
*TARGET: to be completed by September 2021*

#### **4. Aim 4: Hospital Based Care and Treatment**

- *Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales, with robust outreach services and clinical networks*

- Support the work of the MWJC in this area
- Support the development of increased care closer to home / in the community, taking the onus away from Hospital Based Care and Treatment, e.g. supporting Community Resilience and greater adoption of digital / virtual consultations

#### **5. Aim 5: Communications, Involvement and Engagement**

- *ensure there is a continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners*

- Organise an annual Rural Health and Care Wales Conference on 9<sup>th</sup> and 10<sup>th</sup> November 2021, following on from the success of previous conferences and taking on board feedback from the evaluations and proposals for

improvement; to be held on-line or in person, depending on Covid restrictions in situ at the time

*TARGET: RHCW Conference to be held on 9/10 November 2021*

- Organise a minimum of two on-line webinars that enable the sharing of best practice in rural health and care, highlighting innovative practices and research results  
*TARGET: first Webinar to be held in July 2021; Second Webinar to be held in January 2022*
- Influence policy on rural health and care matters by participating in consultations and disseminating research findings
- Establish and / or participate in networks of individuals and groups that support research, innovation and development in rural health and social care, including developing stronger links with the regional Research, Innovation and Improvement Hubs in North Wales, West Wales and Powys to ensure better alignment of work, collaboration and avoidance of duplication  
*TARGET: to attend at least 2 meetings with each regional Hub by end of March 2022; to invite each Hub to present at the RHCW Conference 2021 and / or to the RHCW Management / Steering Groups in 2021*

#### **Meeting the MWJC Priorities and Delivery Plan 2021/22:**

1. Social and Green Solutions for Health
2. Ophthalmology
3. Community Dental Services
4. Cancer and Chemotherapy Outreach
5. Digital
6. Respiratory
7. Rehabilitation
8. Urology
9. Cross Border Workforce solutions
10. Clinical Strategy for Hospital Based Care and Treatment

#### **RHCW specific work:**

In addition to the above, there is work specific to the continuation of RHCW that will be undertaken as part of its Work Programme for 2021/22, as outlined below:

- Establish appropriate long-term governance and operational structure for RHCW as from 1st April 2021

*TARGET: review of RHCW Terms of Reference to be conducted by September 2021*

- Work within the 5-year strategic plan for RHCW for 2020-2025, building on its success to date and aligning with the future governance and structure once confirmed
- Raise the profile and work of RHCW through networking, attendance at events and presentation at conferences
- Develop funding and grant applications for initiatives / projects that meet the Aims and Objectives of RHCW