

**EITEM AGENDA / AGENDA ITEM: 9**

<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>	18 <sup>th</sup> October 2021		
<b>Eitem ar yr Agenda: Title of Report:</b>	Minutes of the Mid Wales Joint Committee (MWJC) meeting held on 25 <sup>th</sup> May 2021		
<b>Arweinydd Lead:</b>	Professor Vivienne Harpwood, Chair of Powys Teaching Health Board and Lead Chair of the Mid Wales Joint Committee		
<b>Pwrpas yr adroddiad: Purpose of the Report:</b>	To present the draft unapproved minutes of the MWJC meeting held on 25 <sup>th</sup> May 2021.	<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 MWJC, via Microsoft Teams, was held on 25 <sup>th</sup> May 2021 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 MWJC meeting held on 25 <sup>th</sup> May 2021.			

**DRAFT AND UNAPPROVED MINUTES OF THE MEETING OF THE  
MID WALES JOINT COMMITTEE FOR HEALTH AND CARE**

Time and date of meeting:	10.30am Tuesday 25 <sup>th</sup> May 2021
Venue:	Virtual meeting via Microsoft Teams
Present:	<p><b>Members</b></p> <p>Prof. Vivienne Harpwood, Chair, PTHB and Lead Chair, MWJC          Steve Moore, Chief Executive, HDdUHB and Lead Chief Executive, MWJC          Dr Kate Wright, Medical Director, PTHB and Lead Clinical Executive Director, MWJC          Hayley Thomas, Director of Planning and Performance, PTHB and Lead Director of Planning, MWJC          Carol Shillabeer, Chief Executive, PTHB          Sally Baxter, Assistant Director – Health Strategy, BCUHB          Jack Evershed, Chair of RHCW Management Group and MWPPEI Forum          Cllr. Ellen ap Gwynn, Leader, Ceredigion County Council          Sian Howys, Statutory Director of Social Services &amp; Corporate Lead Officer: Porth Cynnal, Ceredigion County Council          Dylan Owen, Head of Commissioning – Adults and Children’s Services, Powys County Council          Morwena Edwards, Corporate Director Lead for Adult Social Services and Health, Gwynedd Council</p> <p><b>Co-opted Members</b></p> <p>Frances Hunt, Chair, Powys CHC          Katie Blackburn, Chief Officer, Powys CHC          Prof. Gabrielle Heathcote, Co-opted member Ceredigion Local Committee, Hywel Dda CHC          Joy Baker, Co-opted member North Wales Local Committee, North Wales CHC</p>
In attendance:	<p>Peter Skitt, County Director Ceredigion, HDdUHB / Programme Lead, MWJC          Samia Saeed-Edmonds, NHS Planning Programme Director Health and Social Services department, Welsh Government          Cllr Bryan Davies Ceredigion County Council / MWJSC          Cllr. Mark Strong, Ceredigion County Council / MWJSC          Cllr Keith Evans, Ceredigion County Council / MWJSC          Dwynwen Jones, Ceredigion County Council / MWJSC          Cllr. Eryl Jones-Williams, Gwynedd Council / MWJSC          Cllr. Beth Lawton, Gwynedd Council / MWJSC          Cllr. Dewi Roberts, Gwynedd Council / MWJSC          Llywela Haf Owain, Gwynedd Council / MWJSC          Plus 2 members of the MWJC Team and 1 member of the RHCW team</p>

Ref	Agenda Item	Action
JC(21)01	<p><b>Welcome and Apologies for absence</b></p> <p>Prof. Harpwood advised that it had been some time since the Joint Committee had last met in September 2020 during which there had been a second wave of the COVID-19 pandemic. Although the Joint Committee had not been able to meet during the year the work had continued. There was a lot of catching up to</p>	

	<p>do but all the partner organisations of the Joint Committee had been working extremely hard. She put in a plea for papers to be distributed earlier to members as the papers involved a lot of reading.</p> <p>Unfortunately, it had not been possible to transmit the meeting live, but the meeting would be recorded and placed on the internet afterwards for people to view. It had not been possible to allow public involvement at the meeting but members of the public had been invited to submit their questions in advance for written responses to be provided.</p> <p>On this occasion a formal meeting the Mid Wales Joint Scrutiny Group was not being held, however, members of the group had been invited to observe the meeting and submit any written comments or questions they had after the meeting had concluded. Prof. Harpwood advised that she was very grateful to have this group in place to monitor the work of the Joint Committee including its governance.</p> <p>In terms of welsh translation this was not available as Microsoft Teams did not facilitate simultaneous translation but she was aware work was being nationally to address this. It was noted in the teams chat that Zoom did allow for simultaneous translation, however, currently Health Board protocols did not currently allow the use of Zoom with the one exception being BCUHB who did use the system for their Board meetings in public.</p> <p>Apologies for absence were received from the following:</p> <ul style="list-style-type: none"> <li>• Jo Whitehead, Chief Executive, BCUHB</li> <li>• Jason Killens, Chief Executive, WAST</li> <li>• Cllr. Rosemarie Harries, Leader, Powys County Council</li> <li>• Alison Bulman, Director of Social Services, Powys County Council</li> <li>• Cllr. Kath Roberts-Jones, Powys County Council</li> <li>• Cllr. Dafydd Meurig, Cabinet member, Gwynedd Council</li> <li>• Cllr. Alun Lloyd Jones, Ceredigion County Council, MWJSC</li> <li>• Cllr. Lyndon Lloyd MBE, Ceredigion County Council / MWJSC</li> </ul>	
<p><b>JC(21)02</b></p>	<p><b>Report of the Lead Chair</b></p> <p>Prof Harpwood presented the report of the Lead Chair and noted that there were some important key pieces of legislation being introduced in Wales many of which were ahead of the rest of the UK and even the world. Particular reference was made to the following:</p> <ul style="list-style-type: none"> <li>- Socio-Economic Duty which came into force on the revised date of 31<sup>st</sup> March 2021. She hoped this would be effective for the whole of Wales but in particular for Mid Wales and its rural economy as there were significant areas of social deprivation in the region.</li> <li>- Growing Mid Wales Partnership and the work being undertaken around the Mid Wales Growth Deal for which the health and wellbeing model needed to establish close links with.</li> <li>- Members of Senedd Cymru who had recently been elected to those constituencies covering the Mid Wales region following the elections in early May 2021. Congratulations were extended to those new and existing</li> </ul>	

	members for which some members of the Joint Committee had already started making contact with.	
JC(21)03	<p><b>Mid Wales Joint Committee’s Priorities and Delivery Plan 2021/22 – Update report</b></p> <p>Mr Moore extended his thanks and admiration to all staff in the health and care sector who had shown a huge amount of professionalism and kindness during the COVID-19 pandemic. He felt more optimistic now than at the start of the pandemic and referred to the massive success in Wales on the roll out of the vaccination programme which gave everyone hope that the lifting of restrictions was sustainable this time round.</p> <p>Mr Moore apologised for the paper being issued late to members and he was happy to receive any questions regarding Appendix A outside of the meeting via Mr Skitt. As Chair of the Mid Wales Planning and Delivery Executive Group there had been a mixed picture on the progress of the delivery plan for 2020/21 due to the pandemic. The shift to the use of telemedicine had progressed at pace and rural areas were able to offer services digitally which was part of the vision for Mid Wales. There had been a less positive impact on other priorities which they were looking to roll over to 2021/22, pending the MWJC’s approval, when they went into re-start mode. The priorities for 2021/22 had been developed following a planning workshop in November 2020 and feedback from Mid Wales Clinical Advisory Group meetings.</p> <p>Mrs Baxter advised that she had just returned to the MWJC following some time away. She had given some thought to the context and background of the plan and the need to run this alongside recovery plans to ensure a consistency of approach together with recovery from long COVID. Mr Moore confirmed that some further work was needed to align the plans as they were very much at an early stage, in particular, with the new Senedd term and their programme of work. There may be things that MWPDEG needed to take forward on an overview bases and some things which needed to be taken forward regionally.</p> <p>Ms Thomas reported a piece of good news in relation to integrated care hubs and work had commenced the previous week on the site for the Bro Ddyfi Integrated Health and Care project. She would be happy to provide a presentation to a future meeting on the progress of this project. With regards to recovery plans and priorities moving forward the challenge would be some of the choices that needed to be made around where we would get the greatest impact for the population of Mid Wales. She was mindful everyone had shared their plans but wanted to provide reassurance that they would be looking at the whole picture and not just the health system. She referenced the PTHB strategy which centred on the 4 harms, particularly working with the Local Authority and the Third Sector which would be a vital part of our recovery. It was about looking at the whole picture, not just the health picture and its backlog recovery position and there was a need to look at broader recovery in partnership.</p> <p>Mrs Shillabeer stated that the list of priorities looked very long and when the recovery elements and potentially new ministerial priorities were added in there was a need to be careful not to over commit and underdeliver. There was a</p>	

	<p>sense that there was a need to sift and sort to identify the higher impact priorities. Clearly, these were wider priorities than where people had tended to pick up the legacy which had been around planned care, operations and outpatient appointments etc. but much broader around mental health and children and young people, in particular, the impact of COVID which they have felt disproportionately. There was a need to balance the commitment and motivation and be discerning in terms of what the key priorities were which she was sure would become clearer over the next few weeks.</p> <p>Cllr ap Gwynn advised that she was very pleased to see that colorectal services had re-started at Bronllais General Hospital (BGH) and that urology services were due to be re-introduced. She agreed that there would need to be a lot of emphasis post COVID on mental health, those suffering from long COVID and older people. Also, for young people in school they had been under a lot of pressure which she felt had affected the mental health of some. She extended her thanks to Mr Moore for the joint working during the COVID pandemic.</p> <p>Mr Moore reported that the colorectal service at BGH was doing well and surgery had re-commenced on site. Mr Skitt confirmed that urology services were due to re-commence on site on 7<sup>th</sup> June 2021.</p> <p>Mr Blackburn referred to a survey recently undertaken by Powys CHC for young people up to the age of 20, including secondary school pupils, and she would be happy to share the results with members.</p> <p>The MWJC <b>agreed</b> the proposed MWJC priorities and delivery plan for 2021/22.</p>	
<p><b>JC(21)04</b></p>	<p><b>Recovery in Mid Wales</b></p> <p>Mr Moore advised that a huge amount of work was being done around recovery of services and was for more than just planned care for which services were now starting to recommence. He gave a note of caution around not overpromising and a need to ensure staff were given a break as they were exhausted due to being on high alert for an extended period of time with many staff having made sacrifices to support the service. The recovery plans were the first draft and much more work needed to be done on their further development. He was keen not to just race into the next set of challenges when staff needed a bit of time to get over the challenges which they had gone through during the COVID pandemic.</p> <p>Mr Skitt thanked the partner organisations for developing the recovery plans and extended his thanks to the operational teams for the work they had done over the last 12 months. It was important to see health and social care re-start services and it was a joint effort as everyone was in this together across the patch. There was an awful lot of work going on into what were the early stages, which were the first stage of recovery, and there was a need to be agile as things would come out of the woodwork which could potentially need some immediate attention.</p> <p>Mr Evershed referred to a patient story which outlined the reason why the MWJC has been established. It involved a family of three from the Mid Wales area, two members of which during COVID had to travel lengthy journeys for</p>	

treatment due to changes to the location of services with their main carer having to take time off work to drive them. The main carer had now run out leave so they were facing difficulties in being able to travel for future treatments. What would be nice for Mid Wales is to see a commitment that organisations will work together to use the facilities in Mid Wales to deliver services. He appreciated that there was now a push for regional solutions but he didn't see that reflected in the recovery plans. If solutions were going to be through the private sector then that would not be convenient for the Mid Wales population. He enquired as to why it was not possible for BGH to be designated as a green site to address the huge workload. He felt there was a lack of communication across services with one example being the central appointments system, based in Carmarthenshire, who offered appointments in Carmarthen due to what he felt was a lack of communication on what was on offer in Ceredigion.

Prof. Harpwood noted that each Health Board was required by the Welsh Government to develop recovery plans and Chairs and Chief Executives across Wales met regularly. Mr Moore reiterated that services in Mid Wales would rely in part on the implementation of the BGH strategy as it remained strategically important for Mid Wales. With regards to the feedback on the recovery plans, organisations had only come through the second wave of the pandemic which had no respect for HB planning. The plans were developed quite late in the planning process and for HDdUHB the plan presented was very much a first iteration in response to the Welsh Government (WG) requesting individual plans. Some work needed to be done together on what needed to be done for Mid Wales. If BGH was designated as a green site then they would need to be careful as the COVID status of patients was now known when presenting at the front door. Establishing BGH as a fully green site could have implications for emergency services and on centralised appointments. With regards to the patient story and having to travel further for treatment, he apologised for this and so many services had to change over a short period of time, things were now starting to settle down and he hoped this would improve but he was happy to speak to Mr Evershed outside of the meeting if he had any specific issues.

Mrs Shillabeer advised that it was always important to hear what people were talking about in communities. From a Powys and Mid Wales perspective they had been working with HBs and Trusts around borders and trying to support people with pathways as they had done pre-COVID. However, there had been changes to pathways which were tracked and looked at in the context of recovery plans. Reference was made to access times and she wouldn't want to close down the discussion on travelling longer distances for treatment and was happy to talk to families around access. They would, however, continue to be influenced by the people in the community and professionals.

Mr Evershed appreciated the pressure staff had been under and what the population wanted to see was a commitment to Mid Wales. Strategically thinking the easiest solution would naturally be to use recovery funds to buy capacity from the private sector. He also appreciated that some people may be happy to travel further for treatment but he wanted a discussion on how to bolster local services so people didn't have to make the decision to travel further for treatment.

	<p>Prof. Heathcote referred to the MWJC's discussions which had been around the provision of services, the pressures which staff had been under and how to bind plans together. She wanted the discussions to also focus on patients and people and reflected on the experience of her and husband during COVID with the restrictions and challenges they faced. Everyone understood that normal services had been disrupted but what people had gone through was not knowing what was happening from a patient point of view. This included not knowing when clinical work was re-starting including clinics and surgery. She was wondering what could be done for patients embarking on a pathway or midway in a pathway to provide them with good communication to let them know where they were. People were frustrated about the not knowing.</p> <p>Mrs Shillabeer advised that work was in progress on establishing a patient liaison type service for patients who were concerned about how long they had to wait for treatment and the service would be able to offer support whilst they were waiting. She gave an example of a patient who was waiting for orthopaedic surgery but for her to have better outcomes from the surgery it was thought helpful that she considered losing some weight. Following a weight management programme, she was now ready and better prepared to have the surgery and as such would have a better outcome. Services are being established to support patients in a different way and she was sure all HBs were thinking in the same way.</p> <p>Mr Moore said it was important to note that HDdUHB has gone from no one waiting over 36 weeks to 30,000 waiting over 36 weeks. HDdUHB was working on a detailed waiting list package so people knew where they were on the list and if their condition worsened there was a central number to contact together with information on the website about self-management. As part of a pilot, 300 letters had been sent to orthopaedic patients, some of those on the list no longer wanted surgery. The pilot would now be rolled out to everyone on the waiting list to support people with alternative options to surgery and/or self-help until they had surgery. This was an important issue for HBs.</p> <p>Mrs Blackburn stated that Powys CHC were picking up worries and concerns as well and communication was key. It was important to look at how things were done differently in the future and any opportunity to feed into the HB work was important.</p> <p>The Joint Committee <b>noted</b> for information the reports outlining how individual organisational COVID-19 recovery plans would support the position across Mid Wales.</p>	
<p><b>JC(21)05</b></p>	<p><b>Rural Health and Care Wales (RHCW) Work programme – 2021/22</b></p> <p>Mr Skitt advised that the RHCW work programme for 2021/22 was aligned to the MWJC priorities but would have to be agile enough to change as it was possible the priorities could change during the year with areas of focus identified which may not currently be in the plan. The report had already been to the MWPDEG and was for the MWJC approval on the caveat that the priorities may have to change when recovery plans were reviewed.</p>	

	<p>The MWJC <b>approved</b> the RHCW Work Programme for 2021/22 on the caveat that it could be subject to change during the year in order to respond to any changes which may be required to the MWJC priorities.</p>	
<p><b>JC(21)06</b></p>	<p><b>Mid Wales Joint Committee Subgroups update report</b>  <b>Mid Wales Clinical Advisory Group (MWCAG)</b></p> <p>Dr Wright introduced herself to members as this was her first Joint Committee meeting in her role as Chair of MWCAG. The report from the group provided a summary of the last three meetings, two of which were prior to her commencing in post. The group had been having joined up discussions around working collaboratively on some of those service areas where there was a lot more pressure. There had also been discussions on the North Powys programme with clinical networks/pathways across the region and how to work positively together to develop a strong value based healthcare network.</p> <p>Mrs Shillabeer suggested that for those who may not be so familiar with Value Based Health Care that a short presentation be provided to a future meeting. She explained that Value Based Health Care worked on the principle of what mattered to people and she felt it would be useful for the Joint Committee to have a dialogue on this. <b>Agreed</b> that an update on Value Based Health Care be provided to a future meeting of the MWJC.</p> <p>JE added that Value Based Health Care could potentially send shivers down the spine of people who lived in rural areas and asked Ms Prytherch to refer to the work being undertaken around regional hubs. Ms Prytherch advised that Huw Thomas, Director of Finance for HDdUHB, had established a group from the three HBs to look at the establishment of a rural Value Based Health Care hub because the current modelling was based on an urban model. One of the proposals being developed by the group was the appointment of a joint project manager for the region.</p> <p><b>Rural Health and Care Wales (RHCW) Steering Group</b></p> <p>Prof. Harpwood reported that funding had been agreed for the RHCW work programme for 2021/22 and Mr Evershed had been appointed as Chair of RHCW for a further 12 months until 31<sup>st</sup> March 2022.</p> <p>Mr Evershed advised that the terms of reference and governance structure for the existing Management and Steering Groups had been revised with the two groups merged to established a Stakeholder Group. This reflected the reporting arrangements as the MWJC had delegated its authority for RHCW to the MWPDEG. Approval was needed for the two day conference once again which was planned for November 2021. There were also plans in place to start a series of webinars during the year. Ms Thomas referred to fact that November was during the winter period when there were increased service pressures and which could make it difficult to secure people’s attendance. She suggested the timing be reviewed to a different time of year e.g. Spring. Mr Evershed advised that this may not be possible this year but some thought would be given to future conferences being held at a different time of the year.</p>	

	<p><b>Mid Wales Public and Patient Engagement and Involvement (PPEI) Forum</b></p> <p>Mr Evershed reminded members of the issue he had raised at the previous meeting regarding multiple websites providing information on COVID-19 and his request for sources of reliable information due to there being public confusion over what information was correct. He had now been referred to the right sources of information which he had shared more widely and no further issues had been raised by members of the public. He extended his thanks to the Health Boards for the information provided including that for COVID vaccinations.</p> <p>Mr Evershed referred to the organisational recovery plans and the sooner a guide and links were put in the place the better and also that these were also made available in an accessible format. The pilot engagement exercise with Penweddig school was due to start in June 2021 but had been delayed due to an assessment process in school with the pilot now planned for next term.</p> <p>Members of the MWJC <b>noted</b> for information the update reports on its Subgroups.</p>	
JC(21)07	<p><b>Minutes and Matters arising of the MWJC meeting held on 28<sup>th</sup> September 2020</b></p> <p>The minutes of the MWJC meeting held on 28<sup>th</sup> September 2020 were <b>agreed</b> as a correct record.</p> <p>There were no matters arising raised.</p>	
JC(21)08	<p><b>Listening to You</b></p> <p>Prof. Harpwood advised that as it had not been possible to transmit the meeting live, members of the public had been invited to submit their questions in advance. Three questions had been received in advance and for two of those a response had been provided directly to the requester with a response currently awaited from a Health Board representative regarding the third question.</p>	
JC(21)09	<p><b>Time and Date of next meeting</b></p> <p>Time and date of next meeting to be confirmed for September 2021.</p>	

KEY	
BCUHB	Betsi Cadwaladr University Health Board
BGH	Bronglais General Hospital
MWCAG	Mid Wales Clinical Advisory Group
CHC	Community Health Council
HDdUHB	Hywel Dda University Health Board
HB	Health Board
MWJC	Mid Wales Joint Committee
MWJSC	Mid Wales Joint Scrutiny Committee
MWPDEG	Mid Wales Planning and Delivery Executive Group
MWPPEI	Public and Patient Engagement and Involvement
PTHB	Powys Teaching Health Board
RHCW	Rural Health and Care Wales
WAST	Welsh Ambulance Services NHS Trust
WG	Welsh Government

**MID WALES JOINT COMMITTEE FOR HEALTH AND CARE**

**Table of actions from the MWJC meeting held on 25<sup>th</sup> May 2021**

<b>Minute ref.</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Progress</b>
<b>JC(21)06</b>	<b>Value Based Health Care</b> Update on Value Based Health Care to be provided to a future meeting of the MWJC.	<b>PS/NW</b>	<b>Sept 21</b>	<b>Actioned</b> Summary update included in Mid Wales Priorities and Delivery Plan 2021/22 update report to MWJC on 18/10/21.  Huw Thomas, Director of Finance HDdUHB, to attend MWJC meeting in January 2022 to provide an update on the Delivering Value in Rural Wales work.