

EITEM AGENDA / AGENDA ITEM: 3

Cyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal / Mid Wales Joint Committee for Health and Care			
Dyddiad y Cyfarfod: Date of Meeting:	27 th June 2022		
Eitem ar yr Agenda: Title of Report:	Future arrangements for the MWJC		
Arweinydd: Lead:	Steve Moore, Chief Executive, Hywel Dda University Health Board and Lead Chief Executive for the Mid Wales Joint Committee Peter Skitt, Ceredigion County Director and Mid Wales Joint Committee Programme Director		
Pwrpas yr adroddiad: Purpose of the Report:	To receive a paper on the proposed recommendations for the future arrangements for the MWJC in response to the post COVID review.	Ar gyfer cytundeb For Agreement	✓
		Ar gyfer trafodaeth For Discussion	
		Ar gyfer gwybodaeth For Information	
<u>Crynodeb / Summary</u>			
In response to the changing service need due to the COVID-19 pandemic, the Lead Chair and Lead Chief Executive requested that a post COVID-19 review be undertaken of the Mid Wales Joint Committee and how it currently operates. This paper outlines the current arrangements for the Joint Committee, a summary of the post COVID-19 review together with the proposed recommendations for the future arrangements for the Mid Wales Joint Committee in response to this review.			
<u>Argymhelliad / Recommendation</u>			
For Agreement – The Joint Committee are asked to discuss the outputs from the post COVID-19 review of the Mid Wales Joint Committee and agree the recommended option of the Mid Wales Planning and Delivery Executive Group (Option c - Continue with present arrangements with a strengthened focus on Social Care and Community Services).			

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

Proposed recommendation for the future arrangements for the Mid Wales Joint Committee following the post COVID-19 review

1. Introduction and Background

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

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

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

2. Current arrangements for the Mid Wales Joint Committee

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

2.1 Governance structure

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

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

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

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

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

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

Membership includes the Lead Chief Executive, Directors of Planning for Health Boards, WAST and equivalent representatives for Local Authorities, Lead Clinical Executive Director and MWJC Programme Director.

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

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

Membership for the Clinical Advisory includes the following representatives:

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

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

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

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

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

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

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

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

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

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

2.2 Mid Wales Leadership team

Key leadership roles

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

2.3 Mid Wales Joint Committee support team

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

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

3. Post COVID-19 review

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

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

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

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

Group (Gwynedd and Ceredigion Council), Scrutiny Committee representation from Powys County Council and Voluntary Sector Chief Officers.

Below is a summary of the feedback provided during these discussions.

a) General comments

- Overall consensus was that the Joint Committee should continue.
- Different parts of Mid Wales required a different level of involvement.
- Different solutions were needed for different parts of Mid Wales.

b) Priorities and Delivery Plan

- A strategic commissioning function is needed for population health.
- Greater focus is needed on social care and community services.
- Further work needed on what health and social care can do together.
- Greater focus is needed on 'Digital' including providing making more service available in people's own homes and strengthening the Broadband agenda.

c) Membership/representation

- Provider organisations from across the border should be more involved in the Joint Committee, in particular Shrewsbury & Telford NHS Trust. One suggestion being an annual meeting with the Mid Wales Joint Committee.
- Uncertainty over the future role of Community Health Councils as Citizens Voice bodies and their involvement/representation in the Joint Committee.
- Voluntary Sector Health and Social Care Facilitators to be involved to ensure community link at an operational level through the possible creation of a delivery group, which sits below the Mid Wales Planning and Delivery Executive Group.

d) Other Regional Partnerships

- Regional Partnership Boards need to work cross border.
- Would be helpful to receive Mid Wales focused update reports on the work of Regional Partnership Boards.

e) MWJC and subgroup meetings

- General agreement over the current governance arrangements and meeting frequency.
- Minimal support for reduced frequency of Mid Wales Joint Committee meetings.
- Less frequent meetings would require a strengthened infrastructure underneath.
- Mid Wales Joint Committee and subgroup meetings were a good platform for establishing links across Mid Wales.
- Joint Committee meetings needed to be re-instated as 'in person' meetings, when COVID-19 circumstances allowed for this, with members to meet post the meeting for establishing networks and relationships.
- Explore the possibility of setting up a Mid Wales Social Care group.

f) Public engagement

- More structured approach needed to engagement and involvement work.
- Greater use needed to be made of the engagement and involvement work currently being undertaken by organisations across Mid Wales.

- Particular reference to Mid Wales needed to be made in any engagement and involvement work undertaken by Mid Wales organisations.

g) Mid Wales Joint Scrutiny Group

- General consensus was that the group should continue.
- Suggested that the membership of the group should include representation from other organisations. For example, an independent member from each Health Board.

4. Options for future arrangements of the Mid Wales Joint Committee

The following are the available options for the future arrangements for the Mid Wales Joint Committee with the preferred option being option c.

a) Discontinue the Mid Wales Joint Committee

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

b) Continue with less frequent Mid Wales Joint Committee meetings

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

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

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

If this was the agreed option then the following would need to be taken into consideration:

- Nominations for lead roles will be required due to recent and future changes in postholders as well as the agreement that these roles will be rotated between Health Boards on a regular basis.
- Joint Committee meetings should be re-instated as 'in person' meetings, when COVID-19 circumstances allow, with members to meet post the meeting for establishing networks and relationships.
- In order to strengthen the focus on Social Care, there may be a possible need to establish a Mid Wales Social Care Group.
- Frequency of the Mid Wales Joint Committee meetings will need to be discussed by the Joint Committee in the future given the frequency of its sub-groups meetings and the proposal to establish a Mid Wales Social Group.
- The Mid Wales Joint Scrutiny Committee group should continue with a review of its membership.

d) Stay the same

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

A plan with more detailed proposals for the future arrangements of the Mid Wales Joint Committee will need to be developed based on the Joint Committee's agreed recommendation at its meeting on 27th June 2022. This will be presented to the Mid Wales Planning and Delivery Executive Group at its subsequent meeting to be arranged for 4th July 2022.

5. Recommendation

The Mid Wales Joint Committee are asked to:

- e) Discuss** the outputs from the post COVID-19 review of the Mid Wales Joint Committee and the recommended option of the Mid Wales Planning and Delivery Executive Group (Option c - Continue with present arrangements with a strengthened focus on Social Care and Community Services).
- **Agree** the preferred option for the future arrangements for the Mid Wales Joint Committee.
- **Note** that a plan with more detailed proposals for the future arrangements of the Joint Committee will need to be developed based on the Mid Wales Joint Committee's agreed recommendation.

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

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

Achieved

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

Achieved

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

In progress

Requires strengthened approach to integrated health and social care.

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

In progress

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

In progress

Bronglais General Hospital strategy agreed by HDdUHB and MWJC, implementation of the Implementation Plan is in progress and a Commissioning Group is in development.

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

Achieved

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

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

Achieved

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

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

In progress

To be realised through the Bronglais General Hospital Strategy.

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

In progress

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

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

In progress

Services being expanded

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

In progress

Learning from COVID and development during COVID an important development.

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

Achieved

Rural Health and Care Wales developed, Nursing Education commencing at Bronllais General Hospital, Value Based Healthcare in rural areas being established by the three Health Boards and Aberystwyth University, training and development hub being developed by Powys THB in Newtown and a research development hub being established between Aberystwyth University and Hywel Dda UHB.

Reference

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



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