

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 November 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Joint Committees and Collaboratives Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Philip Kloer, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Clare Moorcroft, Committee Services Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of recent Joint Committee and Collaborative meetings to include the following:

- Joint Commissioning Committee (JCC)
- NHS Wales Shared Services Partnership (NWSSP) Committee
- Mid Wales Joint Committee for Health and Care (MWJC)

Cefndir / Background

The Hywel Dda University Health Board (HDdUHB) has approved Standing Orders in line with Welsh Government guidance, in relation to the establishment of the Joint Commissioning Committee (JCC) and NHS Wales Shared Services Partnership (NWSSP) Committee. In line with its Standing Orders, these have been established as Joint Committees of HDdUHB, the activities of which require reporting to the Board.

The confirmed and unconfirmed minutes, agendas and additional reports from JCC and NWSSP Committee meetings are available from each Committee's websites via the following links:

[Joint Commissioning Committee Website](#)

[NHS Wales Shared Services Partnership Website](#)

The Mid Wales Healthcare Collaborative was established in March 2015 following a study of healthcare in Mid Wales commissioned by Welsh Government and undertaken by the Welsh Institute for Health and Social Care (WIHSC) (*ref: Mid Wales Healthcare Study, Report for Welsh Government, WIHSC – University of South Wales, September 2014*). In March 2018, the Mid Wales Healthcare Collaborative transitioned to the [Mid Wales Joint Committee for Health and Care](#) whose role will have a strengthened approach to planning and delivery of health and care services across Mid Wales and will support organisations in embedding collaborative working within their planning and implementation arrangements.

Asesiad / Assessment

The following Joint Committee and Collaborative updates are attached for the Board's consideration:

Joint Commissioning Committee (JCC)

- Highlight report from the JCC meeting held on 17 September 2024, setting out the key areas of discussion.

NHS Wales Shared Services Partnership (NWSSP) Committee

- Summary of key matters considered by NWSSPC, and any related decisions made at its meeting held on 19 September 2024.

Mid Wales Joint Committee for Health and Care (MWJC)

- Update report from the MWJC, outlining progress against priorities and recent activity.

Argymhelliad / Recommendation

The Board is asked to **RECEIVE** the updates in respect of recent JCC, NWSSPC and MWJC meetings.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Link to JCC Website Link to NWSSP Website Link to MWJC Website
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Joint Commissioning Committee NHS Wales Shared Services Partnership Committee Mid Wales Joint Committee for Health and Care

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Explicit within the individual Joint Committee and Collaborative reports where appropriate.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	The Board has approved Standing Orders in relation to the establishment of the JCC and NWSSP Joint Committees, and Terms of Reference for the MWJC.
Cyfreithiol: Legal:	In line with its Standing Orders, the Health Board has established JCC and NWSSP Joint Committees, the activities of which require reporting to the Board.
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable



Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee meeting held on 17 September 2024

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
Awdur yr Adroddiad / Report Author	Abi Harris - JCC Interim Chief Commissioner
Cyflwynydd yr Adroddiad / Report Presenter	Abi Harris - JCC Interim Chief Commissioner
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Abigail Harris, Interim Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	October 2024	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board Chief Executive Members of the Joint Committee with a summary of the key issues considered by the Joint Commissioning Committee (JCC) at its public meeting on 17 September 2024.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Joint Committee is set out in Paragraphs 2.18 and 2.20 of the [Standing Orders](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted [September 2024 - NHS Wales Joint Commissioning Committee](#))

Alert / Escalate	<ul style="list-style-type: none"> • All Wales IPFR Panel quoracy: Concern was highlighted in relation to low attendance from HBs resulting in recent IPFR meetings not being quorate and subsequently cancelled – it was agreed that each HB would escalate this internally with Medical Directors to ensure attendance from each HB to avoid a further backlog of cases requiring consideration.
Advise	<ul style="list-style-type: none"> • The Chair congratulated Abigail Harris, Interim Chief Commissioner, on her forthcoming appointment to the post of CEO at Swansea Bay UHB, and advised on the recruitment process for securing a substantive Chief Commissioner over the coming weeks. • An update was received from the Interim Chief Commissioner including details on: <ul style="list-style-type: none"> ○ Confirming the status of the JCC Integrated Medium-Term Plan 2024-27 which Welsh Government has deemed satisfactory, with accountability conditions confirmed in correspondence received; ○ Appointment to the Director of Commissioning Ambulance/111 post and Director of Commissioning Specialised Services post; ○ Deep Brain Stimulation Service Update; ○ Single Commissioner for Mental Health; ○ North Wales Mother and Baby Unit; ○ Cardiac Review Phase 2. • Members agreed the JCC's new Vision, Mission, Values and Strategic Objectives which had been developed with both the JCC team and Joint Committee members input. • An update on the progress with developing the Integrated Medium Term Plan (IMTP) 2025/2028 was received. • An Emergency Medical Retrieval and Transfer Service (EMRTS) Reviewing recommendation 4 update was received and a 6 week engagement timescale was

	<p>approved subject to a mid-point review on progress in liaison with Liaison. The update included information on the Judicial Review.</p>
<p>Assure</p>	<ul style="list-style-type: none"> • Members endorsed the Joint Commissioning Committee Governance Framework comprising; <ul style="list-style-type: none"> ○ the Memorandum Agreement (MoA), ○ the Hosting Agreement (HA), ○ terms of reference for the Planning, Performance and Finance sub-committee, ○ terms of reference for the Quality, Safety and Outcomes sub-committee. <p>The documents will now be presented to HB Board meetings for final approval in September noting membership of the sub-committees would be kept under review with a formal review to be conducted in April 2025 or before as required.</p> • The transitional JCC risk register was received noting the further work planned to fully develop the risk approach for the JCC and the JCC development session planned for the 15 October to consider risk appetite. Discussions over the very high risks relating to Ambulance/111 led to a referral to the QPS Sub-Committee to undertake a deep dive at their next meeting to ensure all was being done by the JCC to support the mitigation of the risks. • The Month 5 Financial Performance Report and Financial Plan Update was received noting: <ul style="list-style-type: none"> ○ Summary of the Approved Plans (for former WHSSC and EASC/NCCU) together with a Q1 context review. ○ Month 5 £3.746m overspend against the Integrated Commissioning Plan (ICP) financial plan to date with a forecast year-end overspend of £4.516 • Members considered and discussed in detail the actions required in order to achieve a break-even position at year end. It was noted that a number of actions are already being progressed and further proposals for the JCC to consider will be explored at the next meeting. • The JCC Performance Report for June 2024 was received noting the development of an integrated performance report for the JCC to be supported by detail from each of the three portfolio areas of the Directors of Commissioning in the JCC. It was noted that a number of tertiary services are on a downward escalation trajectory which was welcomed and the work involved by service providers and the JCC commissioning teams was acknowledged.

	<ul style="list-style-type: none"> The Committee received the Corporate Governance update report which included matters considered in-committee at the July meeting.
Inform	<ul style="list-style-type: none"> The Chair's report noted progress with the appointment process for the final two Joint Committee Independent Lay Members, with interviews having taken place and recommendations put forward to the Cabinet Secretary to consider. A powerful patient story was shared by a patient who has supported service improvement based on personal experience whilst an inpatient at the Tŷ Llidiard, CAMHS unit (Child and Adolescent Mental Health Services) at the Princess of Wales in Bridgend, which is one of only two highly specialist CAMHS units in Wales. Former mental health patient in Bridgend helps her old unit on its own path to recovery ITV News Wales An update was received on specific areas related to the developments of the Welsh Ambulance Service University NHS Trust (WAST) in relation to the delivery of Emergency Medical Services including the Evolution of the Clinical Response Model and the Emergency Medical Technician Job Profile. The Committee received assurance reports from the following: <ul style="list-style-type: none"> Audit and Risk Committee (ARC) Assurance Report Management Group Briefings for July 2024, August 2024 Extraordinary Meeting and August 2024 Individual Patient Funding Request (IPFR) Panel Welsh Kidney Network (WKN) Quality Patient Safety Committee (QPSC) The Committee received a briefing on the Nursing and Midwifery Council Independent Culture Review.
Appendices	None

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality Reduce Duplication Improve Equality and Population Health Facilitate Integration

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: A More Equal Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Data to Knowledge
	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Efficient All of the domains of quality apply
	If more than one applies please list below: Effective; equitable; person centred; timely and safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact</i>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below:

<i>Assessment Screening?</i>		
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

5. RECOMMENDATIONS

Members are asked to:

- **Note** the highlights outlined in Section 3 of this report.



**ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE**

Reporting Committee	Shared Services Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details	James Quance, Assistant Director of Corporate Services
Date of meeting	19 September 2024

Summary of key matters including achievements and progress considered by the Committee and any related decisions made

Chair’s Report

The Chair updated the Committee on activities since the last meeting and forthcoming events. This included:

- Gareth Hardacre, Director of People, Organisational Development & Employment Services, would be in contact with the members to discuss the Chair’s appraisal for this year and the Chair encouraged all partners to participate and provide feedback;
- the Chair participated in the Chair’s Peers Group in August and September 2024 meetings;
- the Chair was part of the Managing Director’s appraisal meeting with Judith Paget, Director General of Health and Social Services and the NHS Wales Chief Executive. The review was a very positive one, emphasising the progress and improvement in NWSSP during this year and its significant contribution to the NHS in Wales; and
- the Chair attended a meeting with the new Cabinet Secretary for Health & Social Care, Jeremy Miles. The key messages were to ensure collective effort to deliver the Ministerial priorities to explore in depth how the NHS can be more resilient and sustainable, to invite organisations to collaborate to deliver the Ministerial priorities, to be open to learning about what is going well and to identify obstacles found in the system. The Cabinet Secretary’s invitation was to champion the good work undertaken to date and challenge organisations to go further. He stressed the importance of Once for Wales approaches as being fundamental and not contentious.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- A brief report from the Welsh Risk Pool (WRP) was provided in the report and would be a standing feature going forward. An update was provided by Jonathan Webb, Head of Safety and Learning, NWSSP Legal and Risk Services, to the Chief Executives meeting, which was timely in terms of the Annual Reviews, which would be sent out individually to NHS Wales organisations. Discussions included the financial position and the need to continue to learn lessons within and across NHS

organisations. An invitation was kindly extended to all individual committees within NHS Wales organisations to further explore WRP matters, should they wish to;

- The solar farm in IP5, Newport, received planning permission from Newport City Council. The next stage is to start installing the solar panels to contribute to the Radio Pharmacy project as well as to support the Decarbonisation Plan;
- Work is continuing on the larger South East Wales Hub element of the TrAMs programme;
- Sessions have been running in partnership with colleagues from Aneurin Bevan UHB on employee investigations where members of staff from different organisations are attending to start the journey to deal with investigations the best possible way, to try to reduce any avoidable employee harm in the process;
- We have signed up to the Armed Forces Covenant and have been working with them in areas such as recruitment;
- There was a further meeting recently with Welsh Government regarding PPE stock holding with an aim to reach resolution on the stock that NWSSP would be instructed to hold but further discussions would be required; and
- From 9 September 2024, the Medical Examiner Service became statutory and it has already caused an approximate 20% increase in work carried out during the first week. There were no significant issues in terms of records and the workload is well managed. A letter was sent on 22 August 2024 to Chief Executive Officers regarding the signing of Death Certificates by F1s (Junior Doctors), which legally they are not allowed to do as they are provisionally registered only.

Deep Dive

Developments in Audit & Assurance Services

A comprehensive deep dive was presented to the Committee by the Director of Audit and Assurance Services, Simon Cookson. The Committee received information as regards quality assurance, benchmarking and a new Global Internal Audit Standard to be introduced from 9 January 2025.

Items Requiring SSPC Approval/Endorsement

Audit Committee Terms of Reference

The Audit Committee Terms of Reference were endorsed by the Audit Committee on 25 July 2024 and presented to the Committee for approval, as required by the Standing Orders. The main aspect of the update of the Terms of Reference was to reflect the updated role for Assistant Director of Corporate Services. The Committee **APPROVED** the Terms of Reference.

Armed Forces Covenant

As NWSSP has already been awarded the Armed Forces Bronze Medal the Committee endorsed organisational efforts towards achieving the Silver Medal. The award demonstrates support to the defence and armed forces community and organisations pledge to align their values with the Armed Forces Covenant. The Committee **ENDORSED** the Covenant.

Items for Noting

Customer Service Excellence Organisational Action Plans (Verbal)

The outcome of the year two assessment of the Customer Service Excellence accreditation was very positive and provides assurance around excellence in the customer services delivered by NWSSP. Assessor feedback detailed exceptional performance, with 12 compliances pluses and 35 compliances overall. There were no areas of partial compliance. Areas of strength included organisational leadership and staff empowerment and areas for improvement included customer service training and the customer charter which would be covered in the Autumn SSPC Development Day. The Committee **NOTED** the Report.

2023/24 Wales Infected Blood Support Scheme (WIBSS) Annual Report

The Report provides an update on the finance and support provided during the financial year of 2023/24 and details the proactive work carried out by WIBSS during the period, looking ahead to priorities relating to 2024/25. The Committee received an update that the UK Infected Blood Compensation Authority (IBCA) would be in place by 1 April 2025 and the NWSSP team is working closely with the Cabinet Office in relation to the transitional arrangements. The Committee **NOTED** the Report.

2023/24 Audit Committee Annual Report

The Report had been discussed and approved by the Audit Committee in July 2024 and was brought to the Committee for discussion and noting, as detailed in the Standing Orders. It highlighted the activities and the performance of the Audit Committee during the previous twelve-month period. There was one limited internal audit review during the course of the year that related to Decarbonisation, which has been reported to Welsh Government. The Committee discussed the risks relating to limitations on capital funding around the affordability and deliverability of the Decarbonisation Action Plan, which was identified as one of the main contributing factors which underpinned the limited assurance rating. The Committee **NOTED** the Report.

Finance, Performance, People, Programme and Governance Updates

Finance – The financial position to the end of 31 August 2024 was a year-to-date surplus of £1.831m. This was reported as a surplus of £1.414m within core operational budgets and £0.417m against the recurrent covid allocation.

NWSSP has incurred £0.300m capital expenditure to date against its current £6.611m Capital Expenditure Limit (CEL). NWSSP is continuing to work on a capital prioritisation exercise to inform the allocation of the remaining £0.218m of discretionary capital funding and reviewing the prioritisation in readiness for any opportunities to bid for year-end capital slippage funding. Some of the capital challenges faced this year had been the medical records storage unit in Mamhilad and the Laundry Service.

Capital schemes are being reviewed and there had been meetings in terms of revenue position with all divisions in NWSSP. The main areas to be discussed were the control processes around the vacancy positions and the variable pay. The Welsh Risk Pool has no overall change to the forecast for the current year, but there will be some changes to the distribution of the risk which will be informed by Linsay Payne, Deputy Director of Finance to the NHS Wales Deputy Directors of Finance. There was good progress on the NWSSP

'no PO, no Pay' position.

People & Organisational Development Update – Sickness absence had slightly increased to 3.18% from 2.89%, compared to the same period last year, but remains under the NHS target of 3.3%. In e-learning, overall compliance remains very high, with two areas below target being Laundry Services and Welsh Employers Unit. Agency spend has been positively reduced in accordance with Welsh Government's target reduction of 15% until January 2025, seeing NWSSP reduce its overall spend year to date by 87% (£32,622). PADR compliance was above target this month at 85.28%. There had been a questionnaire targeted specifically to Single Lead Employer (SLE) employees regarding the Speaking Up Safely implementation. A deep dive session around the SLE model would be scheduled for a future meeting, together with an update on race equality, once data becomes available.

Performance – The report presented the Key Performance Indicators (KPIs) for April to July 2024. To date, there were no significant areas of concern to be brought to the Committee's attention. The website is going under a major review by the Communications team, and NWSSP are in the process of recruiting for a Head of Communications. Professional influence benefits amount to £111m as at the end of July, and there was a significant reduction in the Time to Hire metrics, which are showing a reduction to 59 days, where the target is 71 days. In accordance with the IMTP cycle, there will be a review of all targets including Time to Hire.

Outcome Measures Performance Report – The report had been shared with the Senior Leadership Group for scrutiny, prior to being presented to the Committee and has a focus on outcomes from the IMTP. Key messages included the demonstration of strong performance across divisions, especially customer satisfaction and employee well-being, noting room for improvement with staff turnover. There are additional measures in development that will be reported, in addition to trend information as we progress through the year.

Project Management Office Update – Current progress against projects was highlighted and confirmation received that controls were in place to ensure effective monitoring. Updates regarding higher risk projects would continue to be reported as a matter of course to the Committee. The Headquarters relocation project has suffered some delays which are being worked through and SSPC will continue to be informed of developments. Updates regarding higher risk projects would continue to be reported, as a matter of course, to the Committee.

Corporate Risk Register – There are six red risks reflected in the Corporate Risk Register. The Primary Care Workforce Intelligence System risk was escalated by the SLG at its last meeting. As it has been detailed and discussed by the SLG, the assurance has been given on the actions to take forward to mitigate the risk and to bring to the Committee any further assurance required. The remainder of the Corporate Risk Register position remains stable.

The Committee **DISCUSSED** and **NOTED** the update Reports

Papers for Information

The following items were provided for information only and the Committee **NOTED** the reports:

- Personal Protective Equipment (PPE) Report;

<ul style="list-style-type: none"> • Finance Monitoring Returns (Month 4 2024/25 and Month 5 2024/25); • NWSSP Audit Committee Assurance Report - July 2024; • Draft Agenda October Development Session; and • Forward Plan. 	
Part B (Private Session) <i>Motion to exclude the public from the meeting in accordance with the provisions of section 1 (2) and (3) of the Public Bodies (Admissions to Meetings) Act 1960</i>	
The Minutes the 18 th July 2024 Shared Services Partnership Committee meeting Part B were approved.	
Any Other Business (AOB)	
The Committee approved Lindsay Payne, Deputy Director of Finance, NWSSP as the Welsh Energy Group Vice Chair.	
Matters requiring Board/Committee level consideration and/or approval	
The Board is asked to NOTE the work of the Shared Services Partnership Committee.	
Matters referred to other Committees	
No further matters were referred to other Committees.	
Date of next meeting	21 November 2024

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – OCTOBER 2024

1. Introduction

- 1.1 The Mid Wales Joint Committee, which was established in response to the recommendations of the Mid Wales Healthcare Study (2014), is a formal collaborative between the health and care organisations covering the Mid Wales region. Members of the Joint Committee includes the three Local Health Boards (Betsi Cadwaladr University Health Board, Hywel Dda University Health Board, Powys Teaching Health Board), Welsh Ambulance Services University NHS Trust and the three Local Authorities (Ceredigion County Council, Gwynedd Council and Powys County Council).
- 1.2 The Mid Wales Joint Committee has a set of annually agreed priorities identified as those areas for which working on a joint Mid Wales footprint will provide added value. The Mid Wales priorities align with the individual plans of the Joint Committee's partner organisations and focus on a whole pathway approach with regional links between primary, secondary, community and social care. This approach supports the Welsh Government's expectation for Mid Wales organisations to work together to plan and deliver regional solutions across organisational boundaries.
- 1.3 The work of the Joint Committee is co-ordinated by the Mid Wales Planning and Delivery Executive Group. The focus of the group's work is to oversee the development and implementation of the Mid Wales Priorities and Delivery Plan which is considered alongside individual organisational plans together with the consideration of any other emerging matters which require a collaborative discussion and regional approach.
- 1.4 The Mid Wales Planning and Delivery Executive Group is supported by the following sub-groups:
- The Mid Wales Clinical Advisory Group which advises on specific clinical models of care, taking a leadership role in detailed design where appropriate.
 - The Mid Wales Social Care group which focuses on Social Care and the alignment of plans for social care services across Mid Wales.

Supporting the delivery of the Mid Wales priorities are a set of three clinical and three social care priorities which have been identified by these sub-groups .

2. Priorities 2024/25

- 2.1 Mid Wales Priorities – For 2024/25 the Mid Wales priorities are a continuation of those priorities that were in place for 2023/24 as follows:
- i) Urology
 - ii) Ophthalmology
 - iii) Cancer and Chemotherapy Outreach
 - iv) Dental
 - v) Clinical Strategy for Hospital Based Care and Treatment and regional solutions.
 - vi) Cross Border workforce arrangements

2.2 Clinical priorities - For 2024/25 the clinical priorities are:

- i) Urology: This is being taken forward through the Mid Wales 'Urology' priority for which there is a Mid Wales Urology group led by the Lead Clinical Executive Director for the Joint Committee.
- ii) Palliative Care: This priority is being taken forward separately.
- iii) Rheumatology: The Mid Wales 'Clinical Strategy for Hospital Based Care and Treatment and regional solutions' priority focuses on the Bronglais General Hospital Strategy for which the action plan includes Rheumatology services.

2.3 Social care priorities - The Mid Wales Social Care Group are leading on the work of the social care priorities which it has identified as follows:

- i) Residential Children's Accommodation with links to eliminating profit on small homes (Childrens' Services).
- ii) Trusted Assessor along with Delayed Pathways of Care.
- iii) Welsh Community Care Information System (WCCIS)

3. Mid Wales Priorities and Delivery Plan 2024/25

3.1 Urology

Objective

Continue the development of a programme of renewal for Urology pathways across the region which will support and link to the national pathway work.

Update

Prostate cancer PSA pathway

The Mid Wales Urology group's first area of focus has been the prostate cancer PSA pathway. Following a review it has been confirmed that there is a nationally agreed pathway in place and that these pathways are well established. As such the group have concluded that no further work is required on pathway development.

However, the group has noted that there is need to ensure consistent implementation of the nationally agreed mechanism across the region, in particular, the process in place for the monitoring and surveillance of PSA levels for i) patients who have high PSA levels investigated with no prostate cancer detected and ii) patients with high PSA levels who have been treated for prostate cancer. Currently, these patients are transferred over to the management of primary care with practices having their own individual process in place which are not consistent with each other.

A meeting of Health Board Consultants and GP Cluster leads was held on 12th September 2024 to consider the current administration systems in place for the monitoring and surveillance of these two groups of patients. It was noted that surveillance did not fall under GMS work as this was classed as screening and work is currently being undertaken to ascertain whether this is a local issue or a national issue.

Trial Without Catheter

The Mid Wales Clinical Advisory Group agreed with the Urology group's recommendation that the next area of focus will be Trial Without Catheter (TWOC) for which a task and finish group has been established and met twice. The Mid Wales TWOC task and finish group's work has included a discovery process to identify issues and challenges and available opportunities to address any gaps in the service. Key points to note from the group include:

- Powys Teaching Health Board and Betsi Cadwaladr University Health Boards have well established models in place for their community TWOC services. Hywel Dda University Health Board introduced community TWOC clinics in three locations, one per county, at the end of May 2024. The introduction of these clinics has initially resulted in a reduction in the TWOC waiting list.
- A TWOC clinic was introduced at the Medical Day Unit, Bronglais Hospital, for patients from Mid Wales who are on the Hywel Dda Urology waiting list. Clinics commenced in September 2024 and will be held three times a month.
- For patients presenting at the Bronglais Hospital Accident & Emergency department, staff have found it difficult to navigate the pathway as patients attending are from the three Mid Wales counties (Ceredigion, Powys, South Gwynedd). A central Hywel Dda process/point of contact, Urology triage team, for referring patients onwards to the correct Health Board service/contact is in place and details of the process to be followed has been developed for cascading to departments.
- The Powys continence team and Betsi Cadwaladr district nursing teams are not made aware of those catheterised patients who don't meet the criteria for a TWOC in the community but who will require management by community services until they receive a TWOC at an acute site if they are triaged as being suitable for a TWOC. As such it has been agreed that Hywel Dda University Health Board will inform cross border teams of this group of patients.
- There is currently no provision in the Hywel Dda University Health Board community service for providing a TWOC service for housebound patients due to lack of staffing and equipment resources. The GP cluster lead for North Ceredigion has agreed to have a discussion with GP cluster colleagues on whether they would be interested in exploring the development of a pilot for a TWOC service for housebound patients.
- The group discussed the Swansea Bay University Health Board patient leaflet for patients receiving prostatectomies which included guidance for patients to self-remove catheters post discharge. It was noted that patients from Hywel Dda and South Powys would fall under this service, the group felt that were potentially some risks to this approach but that there was a need to better understand the process that Swansea Bay University Health Board had in place.

3.2 Ophthalmology

Objectives

Recruitment to the Mid Wales Ophthalmology leadership role to lead on the Multidisciplinary (MDT) approach to Ophthalmology services across Mid Wales.

Increase capacity and access to Ophthalmology services through the development of a regional and whole system pathway approach supported by the establishment of links between Health Boards.

Update

At its meeting of the Mid Wales Planning and Delivery Executive Group on 11th September 2023 it was agreed that the proposal to cover the joint Ophthalmology post using paid sessions should be explored further. Powys Teaching Health Board have developed a bid for National Planned Care Fund to request resource for ophthalmology clinical leadership sessions. This bid was submitted in March 2024 and is currently pending funding outcome.

The Mid Wales Ophthalmology group has been re-established and has met twice. The group have identified the following opportunities to increase capacity within ophthalmology services across Mid Wales:

- Cataract pathway: To scope opportunities to repatriate preoperative pathways and biometry in Powys Teaching Health Board including capital equipment requirements and to refresh work undertaken to understand potential activity for procedures which could be repatriated into Mid Powys (Llandrindod).

Data has been obtained and shared on the numbers for Powys and Betsi Cadwaladr patients who have received ophthalmology treatment at Hywel Dda University Health Board.

- Wet Age-related macular degeneration (AMD) pathway: To scope opportunities for Powys Teaching Health Board nurse led wet AMD service in North Powys (Newtown) with HDUHB medical oversight/ District General Hospital pathway.

A proposal for a North Powys Nurse led wet AMD service delivery has been developed and is currently being discussed in more detail by the Powys Senior Nurse Manager for Outpatients and the Hywel Dda Senior Nurse Manager for Ophthalmology.

- Primary Care eye care services in South Gwynedd: Explore the available opportunities for recruiting primary care eye care practitioners to provide services in the South Gwynedd area.

A task and finish group is to be established to explore what support could be made available to better attract primary care eye care practitioners to South Gwynedd.

- Networking opportunities joint pathway development with Hywel Dda University Health Board: Powys Teaching Health Board working into Hywel Dda University Health Board at the North Road clinic to inform Powys Teaching Health Board pathway development/repatriation opportunities with eyecare Multidisciplinary (MDT) in Powys.

Hywel Dda University Health Board have been successful in recruiting two Specialty Associate Specialist (SAS) doctors. One doctor has recently commenced in Bronglais General Hospital with the start date for the second doctor not yet confirmed. Both doctors will undergo a period of induction to familiarise themselves with the Health Board.

3.3 Cancer and Chemotherapy Outreach

a) Objective

Establish the new Chemotherapy Day Unit at Bronglais General Hospital.

Update

Building work on the new £3million Chemotherapy Day Unit at Bronglais General Hospital, Aberystwyth, commenced in May 2024. It is expected that the unit will be ready to welcome its first patients in March 2025.

b) Objective

Review radiotherapy and chemotherapy pathways to identify opportunities for increasing provision and improving access across Mid Wales and identify what improvements can be made to cross organisational handover arrangements. Also ensure the needs of the population are considered as part of other regional developments.

Update

There is Mid Wales Joint Committee representation on the South West Wales Cancer Oncology Outpatients and Radiotherapy working groups. Links between these two groups and Powys Teaching Health Board and the Welsh Ambulance Services University NHS Trust have now been established with meeting papers and updates shared with nominated representatives of both organisations.

Oncology

The Joint Committee team were asked to support the Hywel Dda University Health Board cancer team in exploring the future proofing of Oncology services at Bronglais Hospital, Aberystwyth, through in-reach from organisations neighbouring the Mid Wales region. Contact was made with relevant officers from Shrewsbury and Telford NHS Trust and Betsi Cadwaladr University Health Board. Shrewsbury and Telford NHS Trust advised that they were not in a position to support Hywel Dda with any future proofing of services. However, Betsi Cadwaladr University Health Board advised that they were open to discussing a long term strategy. A meeting was held on 1st May 2024 between Hywel Dda and Betsi Cadwaladr University Health Board representatives to discuss the available options for the long term strategy for oncology service provision at Bronglais Hospital. The Hywel Dda University Health Board Cancer Services Management Team are considering the available options discussed at this meeting and the next steps.

The proposal to provide adjuvant biphosphate infusion therapy at Bro Ddyfi Hospital, Machynlleth, in addition to what is already being provided at Llanidloes Hospital, has been explored and will not be progressed further.

Radiotherapy

Work is progressing on a 5th LinAcc to be in place and operational by 2026/27 so as to meet the increased demand for Radiotherapy services. Two options are currently being considered for the regional model as follows:

- Singleton Hospital to continue to be the main radiotherapy site for South and West Wales.
- Satellite Radiotherapy Centre to be established at a site within the Hywel Dda University Health Board area with the re-distribution of current LinAcc machines over a 5-10 year period as they become out of date and need replacing.

The Joint Committee team have asked that consideration be given to the needs of the Mid Wales population when considering the regional model, in particular, the options considered for the site for a potential satellite radiotherapy centre and the availability of accommodation at the main Radiotherapy site at Singleton Hospital.

3.4 Community Dental Services

Objectives

Explore the feasibility of an integrated service for joint General Anaesthesia list at Bronglais General Hospital using existing facilities not fully utilised.

Identify what improvements could be made to general NHS Dental services provision across Mid Wales.

Update

A meeting of the clinical and managerial leads for Powys Teaching Health Board and Hywel Dda University Health Board was held on 18th June 2024 to discuss how best to take forward this priority and the following areas of work have been agreed for 2024/25:

- **Endodontic treatment**

Pathway for Hywel Dda University Health Board patients into the Powys Teaching Health Board Llandrindod Wells Hospital service for Endodontic treatment.

Access to and waiting times for NHS Endodontic treatment is challenging at present and so this has been agreed as an opportunity that needs to be explored. Initial work has commenced on gathering information on the costs and service level detail to explore the feasibility of this proposal. The proposed pathway to Llandrindod Wells will in the first instance be limited to patients from 'SY' postcodes in Hywel Dda University Health Board.

- **Paediatric General Anaesthesia:**

To develop a shared Hywel Dda University Health Board / Powys Teaching Health Board Paediatric General Anaesthesia list at Bronglais General Hospital under the leadership of the Powys Paediatric Dentistry Consultant.

Hywel Dda University Health Board were already in the process of setting up a task and finish group to review the Paediatric General Anaesthesia pathway and the group's remit will now also include the option of exploring the provision of a service at Bronglais General Hospital. The work of the task and finish group will not be operational before 2025/26. The Joint Committee team have provided the names of those relevant representatives from the North of Hywel Dda that should be included in the membership of the task and finish group.

The Betsi Cadwaladr University Health Board Planned Care team have recently advised that they wish to be involved in this priority and the Joint Committee are supporting the establishment of links with the relevant teams at Hywel Dda and Powys Health Boards.

3.5 Clinical Strategy for Hospital Based Care and Treatment and regional solutions

Objective

Implementation of the Bronglais General Hospital 10 year Clinical Strategy which will support the development of regional and cross border solutions.

Update

Hywel Dda UHB Clinical Services Plan programme

In 2023, Hywel Dda University Health Board established a Clinical Services Plan programme, to review some fragile services and develop a set of proposals for the provision of these services over the medium-term, until the establishment of the new hospital network as part of its long-term health and care strategy 'A Healthier Mid and West Wales: Our Future Generations Living Well'. At the Board meeting of Hywel Dda University Health Board in March 2023, it was agreed that the following services required focused support and would form a programme of work to deliver the Clinical Services Plan:

- Critical Care
- Dermatology
- Emergency General Surgery
- Endoscopy
- Ophthalmology
- Orthopaedics
- Radiology
- Stroke
- Urology
- Primary Care and Community

Phase 1

As part of the first phase of the review, staff were invited to share their views through completing a survey during September and October 2023. A survey was also shared with patients in October and November 2023, to capture their views of using services included in the Clinical Services Plan. The initial phase for Primary Care and Community invited the four contractor professions, as well as the out of hours and community dental workforce, to share their feedback through the completion of a survey that was open between November 2023 and January 2024

An issues paper was developed highlighting a broad range of factors that impact on services including feedback gained through the staff, patient and contractor surveys. This paper was presented to the Health Board's public board meeting on 28th March 2024

Phase 2

Phase two was undertaken between April 2024 and August 2024. The final step is to score the options ahead of presenting them to the Hywel Dda University Health Board public board meeting on 28th November 2024.

The next step for Primary Care and Community care is the development of a strategy that will set out the principles and standards required to provide safe and sustainable Primary Care and Community services. A period of early engagement with staff, stakeholders and communities was held from 2nd September to 11th October 2024. The engagement exercise is focused on planning how best to deliver Primary Care and Community-based services, which cover most NHS-provided health and care services outside of hospitals.

Engagement across Mid Wales

A presentation on the Hywel Dda Clinical Services Plan was provided to the Mid Wales Planning and Delivery Executive Group on 2nd July 2024 and the presentation has been shared with the Mid Wales Clinical Advisory Group.

The Hywel Dda University Health Board Director of Planning has met with the Powys Teaching Health Board Executive Director of Planning, Performance & Commissioning and the Betsi Cadwaladr University Health Board team to discuss the alignment of organisational strategic commitments, particularly around Hywel Dda's Clinical Services Plan. The Hywel Dda University Health Board Clinical Services Plan team are in the process of confirming a date to attend a meeting of the Powys Teaching Health Board Executive team meeting.

Bronglais General Hospital clinical strategy

In light of the work that Hywel Dda University Health Board is undertaking on its Clinical Services Plan there is a need to undertake a review of the Bronglais General Hospital strategy. The timescale for the review of the strategy will be determined by the timescale for the Hywel Dda Clinical Services Plan for which Phase 2 is due to be completed by November 2024.

3.6 Cross Border workforce arrangements

Objective

Develop solutions to establish cross border health and social care workforce arrangements across Mid Wales.

Update

The Mid Wales Workforce group have agreed five priority areas to focus on for developing solutions to establish cross border health and social care workforce arrangements across Mid Wales as follows:

- i) Build unified workforce intelligence that identifies the workforces required and to create new and enhanced roles across Health Boards and Social Care (aligning to the All Wales Health and Social Care Strategy).
- ii) Scope and deliver development programmes which include effective and efficient leadership, talent management, clinical education (including inter-professional education) which creates consistency in how we lead and support people and where possible provide intra organisation delivery.
- iii) Develop compassionate processes/initiatives that support workforce wellbeing.
- iv) Share good practice across the Mid Wales region.
- v) Develop recruitment strategy to encompass portfolio careers, apprenticeships, and joint working.

The Mid Wales Workforce Group are developing the scope for each of the priority areas. Key areas of work progressed on education and development include:

- Powys Teaching Health Board and Hywel Dda University Health are sharing best practice in relation to special interest groups and the development of communities of practice, equity of paid and unpaid study leave, future workforce activity and sharing of resources.
- The Support worker induction development teams are currently contributing to a Health Education and Improvement Wales initiative to streamline workbooks and develop more efficient assessment procedures.
- A full day team engagement event between Powys Teaching Health Board and Hywel Dda University Health Board has taken place, with a focus around developing a joint approach to delivering a South West development programme. This includes mapping subject areas and managing a quality assurance process for subject delivery.

- There is evidence that Education and Development teams are building closer working relationships. Recently Hywel Dda University Health Board supported Objective Standard Clinical Examination (OSCE) training delivery for Powys Teaching Health Board during a period of temporary staffing issues.
- Virtual training has been identified as an area where resources could be shared and would help address the issue with sourcing training.

3.7 Palliative Care

In 2023, the National Clinical Lead for the National Palliative and End of Life care programme asked the Joint Committee team to support the National team in facilitating group discussions on a Mid Wales level to inform the work of the national programme. Feedback from a Joint Committee facilitated workshop with Mid Wales Health Board palliative care leads was provided to the national team. This feedback outlined the current issues and challenges faced in the delivery of palliative care services across Mid Wales, in particular, out of hours and weekend working.

The Joint Committee team met with the national team in July 2024 to discuss what further support they required on ensuring the Mid Wales position was considered in the national programme. Following this, the Joint Committee team facilitated meetings between the national team and Mid Wales Health Board palliative care leads to allow them to share the latest position on current palliative care pathways and service provision across Mid Wales so that an updated position was provided for informing the on-going work being undertaken by the national programme. The Joint Committee team has been asked to arrange a further meeting between the national team and Mid Wales Palliative Care leads for November 2024 following the publication of the national service specification.

4. Mid Wales Social Care priorities

Members have agreed that due to challenges in attendance formal meetings will be replaced with the following:

- An agreed set of priorities with future meetings/workshops to focus on one priority at a time and relevant officers from each Local Authority invited to attend.
- Monthly email communication between members to highlight any immediate areas of concern which the group need to be aware of.

As reported in section 2, the Mid Wales Social Care Group has identified and agreed a set of priorities to focus on current issues and challenges, and opportunities for shared learning and joint working.

4.1 Residential Children's accommodation

Following a workshop in February 2024, which was attended by representatives of Ceredigion and Powys Councils, links have been established between the Registered Managers for Powys and Ceredigion.

Those who attended the workshop were asked for the top 3 outcomes/benefits from the session so the workshop could be evaluated. Feedback from those who attended the session on the benefits of the session included:

- Great to have time to discuss with colleagues some of the challenges and solutions for delivery.
- Sharing good practice.
- Sharing documents e.g. policies, framework documentation, job descriptions.

A second workshop will be arranged when the first Ceredigion accommodation unit is near to being operational which will allow the sharing of updates on the progress of work being undertaken within the Local Authorities.

4.2 Trusted Assessor including Delayed Pathways of Care

The definition of the role, purpose and outcomes for Trusted Assessor role are being interpreted differently by health and care organisations across Wales. A meeting was held on 25th June 2024 to consider the role of Trusted Assessor, share the challenges currently being encountered, what is working well, what is not working well and opportunities for shared learning and joint working. Relevant service leads from the three Mid Wales Local Authorities were invited. Key projects discussed at the session were as follows:

- Lampeter Integrated Care Network project
- Equipment project
- Bronglais General Hospital Emergency Department project

Those who attended the workshop were asked for the top 3 outcomes/benefits from the session and feedback received on the benefits of the session were as follows:

- The South Gwynedd Community Resource Teams have started to hold a brief 15 minute daily huddle with Bronglais General Hospital. Initial feedback from the Bronglais General Hospital team has been very positive.
- Consideration is being given to sharing the approach with the work being undertaken on the development of the Lampeter Integrated Care Network.
- The workshop supported making connections with colleagues from other Local Authorities, the sharing of ideas and on-going discussions which are now being arranged.

4.3 Welsh Community Care Information System (WCCIS)

The contracts for the WCCIS system for individual Local Authorities across Wales are expiring at different times with the three Mid Wales Local Authorities currently at different stages of the procurement and replacement process. Members of the group have shared the current organisational position and the risks, with an agreement to continuously share updates and share lessons learnt.

4.4 Issues raised by members of the group

Due to a number of areas of concern being raised by members of the group a meeting of the Mid Wales Social Care group was held on 27th September 2024 to discuss and share the latest organisational position on the following:

- WCCIS
- Eliminate Profit
- Demography in rural Mid Wales
- Fee setting
- Continuing Care, Continuing Health Care and Section 117
- Target Length of stay for social care set by the Local Care Action Committee

5. Mid Wales Strategic Commissioning Group

The Mid Wales Strategic Commissioning Group has been established for the three Mid Wales Health Boards to fulfil their commissioning role collaboratively, in the development and implementation of equitable, accessible, evidence-based, safe, effective and sustainable services for the residents of Mid Wales. The group is directly accountable to the

three respective Health Boards, however, regular reports on its work are provided to the Mid Wales Planning and Delivery Executive Group with secretariat support for this group is provided by the Joint Committee team.

The Mid Wales Strategic Commissioning Group have met three times in the last reporting period with the following key areas of work considered:

5.1 Dermatology Pilot in South Powys

The Powys Teaching Health Board Referral Management pilot to improve the quality of referrals into secondary care with high quality dermatoscope images to offer an advice and guidance service commenced on 1st September 2024 for 6 months to include all North GP Practices and St Michaels Clinic. If successful Powys Teaching Health Board will look to roll this out pan-Powys with Primary Care. This pilot will be reviewed at 3 months with a full evaluation at 6 months.

5.2 Community Cardiology service at Newtown Hospital

The Powys Teaching Health Board Community Cardiology Service in North Powys is now business as usual and progressing well with all referrals now repatriated from Shrewsbury and Telford NHS Trust to the Health Board's in house clinics. In relation to further implementation in Mid and South Powys this is currently under review with further discussions required.

5.3 Colorectal clinics at Newtown Hospital

The Mid Wales Colorectal services task and finish group agreed to approach its work in a phased way with phase 1 to focus on establishing a Newtown clinic for Powys Teaching Health Board patients (first appointment) as a 3 month pilot which involved moving Powys Teaching Health Board work from Bronglais General Hospital back to Newtown Hospital. Following a review of the pilot at the 3 month stage the Mid Wales Strategic Commissioning group agreed to extend the pilot for a further 3 months and this has now been extended to 9 months to allow for more detailed demand and capacity information to be gathered from both a provider and commissioning perspective. This information will be considered at meetings of the Mid Wales Colorectal Task and Finish Group and Mid Wales Strategic Commissioning Group in November 2024 to consider and agree the future arrangements for the Newtown clinic beyond December 2024. It is worth noting that positive feedback has been received on the Newtown clinics with staff reporting that they are happy with the clinic arrangements and patients are happy to be seen at Newtown.

The Joint Committee team have also co-ordinated the development of a draft service specification for the Newtown colorectal clinic service to move from a Long Term Agreement to a Service Level Agreement arrangement.

6. Rural Health and Care Wales

Rural Health and Care Wales was established in response to the Mid Wales Healthcare study which recommended that 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. The work of the Rural Health and Stakeholder Group focuses on the detailed development and oversight of the

Rural Health and Care Wales plan. The group reports to the Joint Committee and provides updates on its work to the Mid Wales Planning and Delivery Executive Group.

6.1 Rural Health and Care Conference 5th to 7th November 2024

The three day Rural Health and Care Wales Conference was held from the 5th to 7th November 2024 at the Royal Welsh showground (hybrid arrangement) and the themes/strands this year were as follows:

- The delivery of Integrated Health and Care services in Rural areas, including cross-sector, multi-agency and / or multi-disciplinary working.
- The role of Rural Communities and unpaid Carers in Health and Care.
- Advances in Artificial Intelligence (AI), Telehealth / Telemedicine and the remote delivery of Health and Care services in Rural areas.
- Social / Green Prescribing and the impact of Art, Crafts and other non-clinical interventions on Health and Wellbeing.
- Recruitment and Retention of Health and Care professionals in Rural areas
- Education, Training and Continuous Professional Development for Health and Care professionals working in Rural areas.
- The “Mid Wales Healthcare Study” (Longley et al, 2014) – a reflection of achievements, current and future relevance, and issues still to address.

6.2 Mid Wales Demographic and Health / Wellbeing report

The Demographic and Wellbeing Analysis of Mid Wales, consisting of the 3 Mid Wales Population Needs Assessments, the 3 Wellbeing Plans and Office for National Statistics (ONS) data from the last Census covering the region, has been completed.

6.3 Multi-agency responses during the Covid-19 Pandemic

The final report on the multi-agency responses during the Covid-19 Pandemic (vulnerable groups) in the Hywel Dda University Health Board and Powys Teaching Health Board regions was presented to the Mid and West Wales Safeguarding Board on the 16th July 2024, with the report now accepted and the work completed, albeit that the contents of the report are to remain confidential to the commissioners.

6.4 Impact of rurality on the cancer patient experience

The 2-year research project which is funded by Macmillan Cancer Research is exploring the impact of rurality on the cancer patient experience. Subsequent to the literature review and international scoping, 38 in-depth semi-structured interviews took place (People with cancer n=19, Family/carers n=9, professional n=10). Early identified themes from the interviews include travel and transport, financial implications, time, information and support, palliative care, Acute Oncology Services, Rural Jobs and Lifestyles, Communities, G.P and rural environments.

The project has worked to make beneficial connections, with connections made between the Lead Acute Oncology Services Nurse in Hywel Dda University Health Board and the rural and remote services in Scotland. One of the project case studies is also working separately to provide feedback to Hywel Dda University Health Board regarding Acute Oncology Services provision. Networking at the Royal Welsh Agricultural Show also meant that connections were made with the Farming Community Network coordinator and the potential rural cancer project links/collaborations for the future discussed. The first year project dissemination has been documented alongside the write up to date.

6.5 Virtual Rural “Hospital” for Mid, North and West Wales

A further draft proposal for the Virtual Rural “Hospital” for Mid, North and West Wales was circulated to Rural Health and Care Wales Stakeholder Group members at the meeting held on 17th September 2024, with some changes requested. Partners continue to engage at executive level within their organisations to ensure full support is confirmed for the proposed initiative, which will seek external funding to explore the options for virtual delivery of health and care services across the Mid Wales region.

6.6 Cymru Wledig Local Policy and Innovation Partnership (LPIP) Rural Wales

The leads of Cymru Wledig LPIP Rural Wales met at Gregynog on 20th June 2024 to confirm, amongst other matters, the Thematic Groups’ terms of reference, frequency of meetings, membership, equalities mainstreaming and the process for proposing Responsive Research projects. The project itself was officially launched at the Senedd on 10th July 2024, at an event hosted by the Rt. Hon. Elin Jones MS (Llywydd), with Rural Health and Care Wales involvement. Community activities are now commencing, with one held at Newtown on 24th September, which was supported by Powys Association of Voluntary Organisations.

6.7 GP / Primary Care provision across Mid Wales

The review of GP / Primary Care provision across Mid Wales (“A review and Action Plan for GP / Primary Care provision across Mid Wales: *exploring best practice examples of alternative models of delivering primary care interventions in rural areas*”) is ongoing, with an initial report received from SAIL, which is awaiting further data and analysis. SAIL data, and Swansea University, are keen to build on their analysis of GP patients and their illness records across Mid Wales on a bigger, longer term project in the future. Early findings were presented to the Rural Health and Care Wales Conference.