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The team who delivered the work comprised Gabrielle Smith and Nathan Couch.

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Summary report

Background

- 1 In accordance with the Well-being of Future Generations (Wales) Act 2015 (the Act) the Auditor General for Wales (the Auditor General) is statutorily required to examine public bodies to assess the extent to which they have acted in accordance with the sustainable development principle when:
 - a. setting their wellbeing objectives; and
 - b. taking steps to meet them.
- 2 The Act defines the sustainable development (SD) principle as acting in a manner: ‘...which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs’.
- 3 The Auditor General must provide a report on his examinations to the National Assembly for Wales at least a year before each Assembly election. The first such report must be published by 2020, before the 2021 Assembly election.
- 4 In May 2018, the Auditor General published a preliminary report, [Reflecting on Year One – How have public bodies responded to the Well-being of Future Generations Act \(2015\)](#). He concluded that public bodies support the principles of the Act and are taking steps to change how they work.
- 5 During 2018 and 2019, the Auditor General is undertaking examinations across the 44 bodies covered by the Act to inform his 2020 report to the National Assembly. In developing our approach to undertaking the examinations, we engaged with a range of stakeholders and carried out pilot work during 2017-18. We have also worked closely with the Future Generations Commissioner.
- 6 The preliminary work we undertook in 2017 included a consideration of how public bodies had set their wellbeing objectives. The principal focus of our 2019 work is the way in which public bodies are taking steps to meet their wellbeing objectives.
- 7 We undertook our review at the Aneurin Bevan University Health Board (the Health Board) between June 2019 and October 2019.

Focus of the work

- 8 We reviewed the extent to which the Health Board is:
 - applying the SD principle and the five ways of working in order to do things differently;
 - embedding the SD principle in core arrangements and processes; and
 - involving and working with citizens and stakeholders to deliver its wellbeing duty.
- 9 We carried out a high-level review of how the Health Board is continuing to develop its corporate arrangements since our baseline work in 2017 to inform the Auditor General’s one-year commentary in 2018. We also examined the extent to which the Health Board is acting in accordance with the SD principle and applying the five

ways of working through a step being taken to meet a wellbeing objective. Specifically, we reviewed the Health Board's approach to developing Connect, a specialist weight management service for children and young people and their families (described in [Appendix 1](#)).

- 10 We organised facilitated workshops to which the Health Board invited staff involved in the step and subsequent delivery and management of the service. At the workshop, we explored how the five ways of working were applied when designing Connect and to identify the strengths and learning points that could be shared more widely.
- 11 [Exhibit 1](#) summarises the five ways of working as defined in the Welsh Government's [Well-being of Future Generations \(Wales\) Act 2015 The Essentials](#) document. [Appendix 2](#) outlines positive indicators for each of the five ways of working that we have identified and used as part of our examination.

Exhibit 1: the 'five ways of working' as defined by the Welsh Government

The Five Ways of Working

Long term – The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.

Prevention – How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.

Integration – Considering how the public body's wellbeing objectives may impact upon each of the wellbeing goals, on their other objectives, or on the objectives of other public bodies.

Collaboration – Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its wellbeing objectives.

Involvement – The importance of involving people with an interest in achieving the wellbeing goals and ensuring that those people reflect the diversity of the area which the body serves.

- 12 This report sets out our findings on the Health Board's corporate approach to embedding the sustainable development principle and how the five ways of working were applied to developing Connect (the step).

Main findings

- 13 Our examination found that the Health Board is making progress to embed the sustainable development principle in service design and has clearly considered it when developing Connect.
- 14 We reached this conclusion because:
 - The Health Board continues to embed the sustainable development principle but arrangements for overseeing and scrutinising the process and delivering the wellbeing objectives are not wholly effective.

- The Health Board successfully applied the sustainable development principle when designing Connect and has identified opportunities to build upon this work.

15 Our findings are discussed in detail in the following sections of this report.

Improvement opportunities

- 16 As the main provision of the Act came into force in 2016, it is inevitable that public bodies will need time to fully effect that change. We recognise that this is a transition period and that all public bodies are on a learning path.
- 17 In October, we presented our findings at a workshop with the Health Board staff involved in the step. At this workshop, staff considered our conclusions, and identified several learning points in relation to the step. [Exhibit 2](#) highlights three improvement opportunities (I) based on learning points consistently identified by staff. The improvement opportunities are intended to support continued development and embedding of the SD principle and five ways of working. The Health Board should consider how the wider learning points identified by staff can be promulgated across its divisions and corporate functions.
- 18 In relation to overall corporate arrangements for embedding the SD principle, the Health Board should continue to address the NHS Audit and Assurance Service recommendations set out in its [report on the Health Board's obligations under the Act](#).

Exhibit 2: opportunities for improvement

Opportunities for improvement related to the five ways of working	
Long term and prevention	
11	When considering business cases for new services, the Health Board should: <ol style="list-style-type: none"> consider the totality of funding required across the whole patient/service user pathway to maximise impact on health and wellbeing; and work with partners to identify sustainable sources of funding across the whole patient/service user pathway, including looking at how current funding could be used differently.
12	The Health Board should identify and report on the contribution of Connect to Public Service Boards' priorities and wellbeing objectives.
Involvement	
13	The Health Board should assess the extent to which children and young people are represented when designing health and wellbeing services and how it could support and sustain a Gwent-wide approach to involve them.

Detailed report

Part 1 – Corporate arrangements

The Health Board continues to embed the sustainable development principle but arrangements for overseeing and scrutinising the process and delivering the wellbeing objectives are not wholly effective

- 19 Prior to examining how the five ways of working were applied to designing Connect, we wanted to understand how the corporate arrangements support delivery of that work.
- 20 The Health Board's ten wellbeing objectives are unchanged from 2017 when they were first published. The Health Board reviewed its wellbeing objectives in 2017 and concluded that they were still relevant and appropriate, particularly as four are reflected in the five Gwent Public Service Boards' (PSBs) wellbeing plans. These four objectives are clearly aligned to strategic change plans set out in the Health Board's integrated medium-term (IMTP) plan and relate to improving population health and wellbeing. The remaining six wellbeing objectives, which are health board specific, are less explicit within the IMTP.
- 21 The Health Board's programme of work to embed the sustainable development principle and five ways of working across its divisions and corporate departments began in 2017 and continues today.
- 22 We wanted to understand whether the Health Board is responding to the SD principle and the five ways of working by:
- doing things differently to deliver change;
 - developing core arrangements and processes; and
 - involving citizens and stakeholders.
- 23 Our findings are set out in [Exhibit 3](#).

Exhibit 3: embedding the SD principle and the five ways of working

Doing things differently to deliver change

Work is ongoing to embed the sustainable development principle into the Health Board's core arrangements and processes:

- There is a well-established Health Board-wide programme of work to engage senior divisional and corporate staff to embed the Act and to share learning through a community of practice. This work has engaged all divisions and corporate departments to self-assess the extent to which they apply the five ways of working, to identify changes needed and using the five ways of working as a frame of reference to articulate their long-term ambitions. This self-assessment process is scheduled to conclude at the end

Doing things differently to deliver change

of 2019 and recent work by the NHS Audit and Assurance Service indicates that work is progressing well.

- The Health Board identified dedicated staff resources to lead the necessary workforce and culture change to embed the Act into operational activity.
- The Health Board is currently reviewing the wellbeing objectives as part of its annual refresh of the integrated medium-term plan (IMTP). As part of the annual refresh of the IMTP, the Health Board requires divisions and corporate departments to reflect more clearly the five ways of working and their long-term ambitions.
- In exploring the step, Health Board staff indicated that the approach taken to develop Connect is helping to de-mystify the difficulty in applying the five ways of working to service design and delivery. The Connect team regularly share learning with the Health Board's community of practice. At the time of our work, the Health Board web-based resources for staff to provide information on the Act and good practice case studies to demonstrate how the Act is being applied and embedded by others.
- Health Board staff also identified that the approach to designing Connect is helping to build strong leadership and ensure succession planning. The Health Board is working to embed the sustainable development principle and five ways of working into its Core Skills for Managers Training programme.
- In early 2019, the Health Board, along with 43 other public bodies in Wales, completed the Future Generations Commissioner's self-reflection tool, which sought appraisal of the organisation's wellbeing objectives and progress in delivering them. The Health Board indicated that the Future Generations Commissioner provided positive feedback on its self-reflection noting that it provided a fair picture of progress and comprehensive evidence for each wellbeing objective.

Developing core arrangements and processes

Arrangements for oversight and scrutiny of implementation of the Act and delivery of the wellbeing objectives are not wholly effective:

- The Health Board acknowledges more is needed to embed the wellbeing objectives and five ways of working into some of its arrangements, such as those for planning and performance management and risk management.
- The Health Board established a programme board, jointly chaired by the Executive Director for Public Health and Strategic Partnerships and the Board Secretary, to oversee the programme of work to embed the Act. The Public Partnerships and Wellbeing (PP&WB) Committee has responsibility for overseeing implementation of the Act.
- In early 2019, the NHS Audit and Assurance Service concluded that the Health Board was making reasonable progress to meet its obligations under the Act. The Health Board is working to address several areas for improvement, which include the need to identify responsibility for actions to meet wellbeing objectives, milestones, outcomes and performance measures. It also found that attendance at programme board meetings by division and executive representatives is sometimes poor, limiting information sharing about related developments. The programme board does not review progress against the ten wellbeing objectives, nor the steps taken to achieve them. Reports from the programme board to the PP&WB Committee are infrequent with the last report received in May 2018, while there is no formal reporting on progress to the executive team.

Involving citizens and stakeholders

The Health Board continues to build on its arrangements for involving citizens and stakeholders:

- The Health Board's well-being objectives were developed through a process of internal consultation, building on citizen engagement from across Gwent.
- A small number of the Health Board's wellbeing objectives are reflected in the wellbeing plans of the five Gwent PSBs.

Doing things differently to deliver change

- The Health Board's recently approved five-year Involvement Strategy sets out a range of work, such as Engage4Change and Better2Gether, and new activities to involve citizens and stakeholders at both a strategic and operational level when planning and designing services and builds on the success of its previous engagement strategy.
- The Health Board is increasing the pool of staff with the knowledge and expertise in formal public consultation to widen public involvement.

Part 2 – Examination of Aneurin Bevan's approach to developing a specialist weight management service for children and their families

The Health Board successfully applied the sustainable development principle when designing Connect and has identified opportunities to build upon this work

- 24 We examined the Health Board's approach to developing Connect, the specialist weight management service for children/young people and their families as part of providing children and young people with the best possible start in life. Connect was launched in May 2019 and is a Gwent-wide team of health care professionals working together to support children and young people with severe obesity (ie have significant health or clinical risks as a result of obesity), as well as their families, to manage their weight, improve their physical and emotional health and to assess and treat complications of obesity. Further information on the step is set out in [Appendix 1](#).

The Health Board had a clear long-term focus when developing Connect

- 25 We looked for evidence of:
- a thorough understanding of current and long-term needs and the associated challenges and opportunities;
 - planning over an appropriate timescale;
 - resources allocated to ensure long-term benefits; and
 - appropriate monitoring and review.
- 26 The following strengths were identified by Health Board staff:
- Connect is informed by an understanding of need and the service model is based on evidence of what works to support children with obesity.
 - Staff developing Connect worked collaboratively with colleagues and partners to model current and future demand for the service and to estimate the cost of obesity and the benefits of weight management.

- Staff evaluated the resources used to provide care for children and young people with obesity to identify how much could be reinvested in the new service.
- An outcomes framework was developed in tandem to inform service delivery and improvements, to monitor clinical outcomes and to understand the impact and experience of children and their families. Measures include specially developed patient (child) reported outcome measures (PROMs), patient (child) experience measures (PREMs) and quality of life measures. Dedicated support has been identified to undertake service evaluation.
- Staff indicated that the development process helped to empower them to be innovative when designing the service.
- Developing a new service (the first in Wales) required trust and risk taking and support from senior leaders within the organisation to commit resources where outcomes may not be evident in the short term.

27 The following learning points were identified by Health Board staff:

- It took several years to identify and secure the necessary funding for Connect. Staff indicated that more consideration should be given to how funds across health, social care and education can be pooled to give every child and young person the best possible start in life. There is a need also to look at how current funding can be reinvested in preventative work.
- Short-term funding was cited as one of the biggest barriers to sustaining community-based services at levels 1 and 2 of the all Wales obesity pathway¹. Staff felt that if they were designing the service again, they would ideally look to see how services across the all Wales obesity pathway could be resourced at the same time, or as a minimum at levels 2 and 3 of the pathway.
- In addition to outcomes for children and young people and their families, more clarity is needed about measures for shared outcomes to which individual organisations can be held to account for their contribution for giving every child and young person the best possible start in life, recognising that some outcomes take a long time to materialise.
- There is a need to identify and report on the contribution of Connect to PSBs' priorities and wellbeing objectives.

¹ The All Wales Obesity Pathway was published by the Welsh Government in 2010. It sets out four levels of care and support that Health Boards and their partners should make available to people who are overweight or obese. The four levels of care are: (i) community-based prevention and early intervention to support self-care; (ii) community and primary care weight management services; (iii) specialist multidisciplinary weight management services; and (iv) specialist medical and surgical services.

- Staff acknowledged that more work is needed to tackle the obesogenic society, such as ensuring that local community and environmental plans consider the impact on obesity.

Connect has a clear preventative focus with ongoing work to ensure adequate levels of support in the community

28 We looked for evidence of:

- a thorough understanding of the nature and type of problem the step could help prevent from occurring or getting worse;
- resources allocated to ensure preventative benefits will be delivered; and
- monitoring and review of how effectively the step is preventing problems from occurring or getting worse.

29 The following strengths were identified by Health Board staff:

- There is strong evidence base for Connect informed by the root causes of obesity with recurring funding available to provide the service.
- Connect provides a whole-family approach enabling parents to act as change agents for family eating and lifestyle behaviours. It may also incentivise parents to seek support themselves.
- Reducing childhood obesity will impact on healthy life expectancy by preventing chronic health conditions and premature morbidity and secure other benefits, such as happier and more confident children, better school attendance and improved educational attainment.
- Connect is expected to have a positive effect on the life-time costs of obesity to the NHS and wider society by reducing demand on health and care organisations.
- Early engagement with partners was important in achieving a shared understanding of the extent of childhood obesity and the solutions needed to tackle it collectively.
- There is ongoing collaboration with partners to ensure there is appropriate community support for early intervention and prevention of obesity. These include community-based weight management services, which are identified as a priority in the Health Board's 2019-20 IMTP. These community services play a pivotal role for children, young people and adults moving up or down the obesity pathway.
- The Connect service is working with colleagues from the Child and Adolescent Mental Health Service specialist service for eating disorders to jointly plan and provide a programme of school-based prevention work around body image. Staff are preparing a business case to secure the necessary Health Board funding to deliver it.

- The Making Every Contact Count programme is well embedded within the Health Board's Families and Therapies Division enabling staff to support families to make positive changes to their physical and mental wellbeing.
- 30 The following learning points were identified by Health Board staff:
- There is acknowledgement that currently there are inadequate levels of support available at levels 1 and 2 of the all-Wales obesity pathway, which would help reduce demand for specialist weight management services. Staff are developing business cases to secure the necessary resources to provide support in the community in line with proposed actions set out in the Health Board's IMTP.
 - There is a need to shift the balance from treatment to prevention supported by longer term investment in prevention, including identifying how funding can be reinvested in prevention work.
 - There is a need to align performance measures where partners' priorities are the same.

Connect is helping to shape a whole-systems approach to tackling childhood obesity

- 31 We looked for evidence of consideration of:
- how this step could contribute to the seven national wellbeing goals;
 - how delivery of this step will impact on the Health Board's wellbeing objectives and wider priorities; and
 - how delivery of this step will impact on other public bodies' wellbeing objectives.
- 32 The following strengths were identified by Health Board staff:
- There is Gwent-wide consensus that obesity is a priority for action as tackling obesity is not the responsibility of any one public sector body. Connect is expected to have a positive impact on shared priorities to give every child the best possible start in life, as well as contribute to the Health Board's other wellbeing objectives. The Health Board and five Gwent PSBs share several wellbeing objectives which staff are confident will strengthen joint working to tackle childhood obesity.
 - The Health Board worked with a range of partners to map services and resources for tackling obesity, for example in relation to physical activity and access to healthy affordable food choices.
 - Connect is helping to shape a whole-systems approach to tackling childhood obesity by connecting different streams of work to give every child the best possible start in life. For example, Connect is linking with Health Visiting teams implementing the Healthy Child Wales Programme and the School Health Nursing Service, which undertakes the childhood measurement programme.

- Connect is integrated with the adult weight management service not only to reduce start-up and running costs but to enable parents, who are overweight or obese, to access relevant services to address family lifestyle and behaviour changes, as well as ensuring seamless transition for young people.
- 33 The following learning points were identified by Health Board staff:
- The team mapped how action on childhood obesity would positively impact across the seven national Wellbeing Goals, but it recognises that this mapping should not be a one-off exercise but periodically reviewed and evaluated.
 - Action on childhood obesity already underway needs to be flexible enough to respond and integrate new national policy requirements, such as [Health Weight, Healthy Wales](#).
 - There can be challenges when the partnership landscape changes, for example when public services are outsourced. New partners need to 'come on board' to tackle childhood obesity and maintain momentum.

The Health Board collaborated with multiple stakeholders, both internally and externally, when designing Connect

- 34 We looked for evidence that the Health Board:
- has considered how it could work with others to deliver the step (to meet its wellbeing objectives, or assist another body to meet its wellbeing objectives);
 - is collaborating effectively to deliver the step; and
 - is monitoring and reviewing whether the collaboration is helping it, or its stakeholders meet wellbeing objectives.
- 35 The following strengths were identified by Health Board staff:
- The need to design Connect 'from scratch' meant staff had to consider carefully who their stakeholders were but it provided opportunities to work with new partners, for example leisure services.
 - Collaborating with different partners ensures a broader perspective on how to support families to increase levels of physical activity.
 - Connect was developed as a partnership between physical and mental health services.
 - Staff worked collaboratively with colleagues and partners to identify the cost of obesity, as well as to estimate the current and future demand for the specialist service, service capacity and required resources both finance and workforce.
 - Connect is integrating the work of different professional staff to support effective multidisciplinary working.

- The Connect team is helping to develop capacity and capability amongst partners for appropriate referral and integrated, effective weight management support as part of routine care or contact with children and young people.
- Staff indicated that work to develop both the Health Board's childhood obesity strategy and Connect is helping to build long lasting relationships with key stakeholders, such as PSBs and Neighbourhood Care Networks (NCNs).

36 The following learning points were identified by Health Board staff:

- It takes time to develop a sustainable service from scratch with the genesis of Connect dating back to 2015.
- There is a need to better understand the broad range of skills required to support children and their families, both to prevent and to assess and treat the complications of obesity. The Connect team was unsure how much support professional staff working with children and young people would need, particularly to support children and young people who did not meet the Connect referral criteria.
- There is a need for collaborative leadership approaches and development to enable leaders to work across functional and organisational boundaries.

The Health Board involved stakeholders and prospective service users in designing Connect and is working to make early involvement of children, young people and family's normal practice

37 We looked for evidence that the Health Board has:

- identified who it needs to involve in designing and delivering the step;
- effectively involved key stakeholders in designing and delivering the step;
- used the results of involvement to shape the development and delivery of the step; and
- sought to learn lessons and improve its approach to involvement.

38 The following strengths were identified by Health Board staff:

- Staff developing Connect used structures and forums already in place, like the NCNs and the Children and Family Partnership Board, 'to sell' the vision for the service and get momentum behind its development, as well as agreeing principles of service design.
- Once funding for Connect was agreed, staff engaged specifically with children, young people and their families, that is prospective users of the service, to ensure that the proposed delivery model would meet their needs. Staff also wanted to find out what children, young people and their families

wanted from such a service. The Health Board provided feedback to those families taking part to explain how their contribution was used.

- The Health Board is working to secure the National Participation Kitemark to demonstrate that it is achieving the [Children and Young Peoples' National Participation Standards](#).

39 The following learning points were identified by Health Board staff:

- The Health Board mapped the stakeholders across mental health, physical health, primary care and prevention sectors. The wide range of stakeholders involved was described as challenging in terms of coordination. Staff were not always confident that stakeholders representing children and young peoples' interests had been engaged because there is no Community Health Council equivalent for children and young people.
- The Health Board's recently approved Involvement Strategy refers to all people across Gwent having a voice. Although the strategy does not refer specifically to children and young people, it does include the national participation standards. Nonetheless, staff identified the need for a strategic discussion on how the Health Board engages with children and young people, and how it can support a Gwent-wide infrastructure to enable effective engagement was identified.
- Staff identified the importance and challenge of keeping families involved now that Connect is operational. In the short term, the Connect team regularly review the PREMs and PROMs data to address issues raised by families.
- Staff indicated that involving potential service users from the outset needs to become normal business practice and that securing the National Participation Kitemark by the Family and Therapies Division will help. Staff also identified the need to ensure that other service areas caring for children and young people also secure the kitemark.
- Although staff from across the organisation with different skills came together to support the service development, there was an identified need to involve staff with experience governance matters.
- Staff identified the need to protect against 'mission creep' when designing a new service.

Appendix 1

The Step

Developing a specialist weight management service for children/young people and their families

Explanation of the step

As part of providing children and young people with the best possible start in life, the Health Board developed Connect, a specialist weight management service for children and young people and their families, which was launched in May 2019. Connect is a Gwent-wide team of health care professionals working together to support children and young people with obesity, and their families, to manage their weight, improve their physical and emotional health and to assess and treat the complications of obesity.

Why did the Health Board do this?

There are an estimated 35,000 children and young people (age 0 to 18 years) in Gwent, who are overweight or obese. A quarter of children aged 4 to 5 are overweight or obese when they start school. Obesity harms children in the short term, while in the long term between 55% to 80% of children with obesity become adults with obesity, which undermines a range of wellbeing goals in future generations. Children with two parents with obesity have up to an 80% chance of being overweight themselves. In Gwent, almost two thirds of the adult population are overweight or obese with rates of adult obesity rising by a third in the last decade.

Prior to the development of Connect, specialist multidisciplinary weight management services for children and young people at level three of the obesity pathway were limited. Young people aged 16 years and older were supported by the adult specialist weight management service while those with eating disorders were supported by the Child and Adolescent Mental Health Services. In the absence of specialist services, children with severe obesity were admitted to hospital for intensive treatment involving dietetic advice and reducing calorie intake.

The Health Board was unable to provide psychological support and promote exercise during hospitalisation, both of which are fundamental to successful weight loss. A single component, single discipline approach does not consider the family context and limits effectiveness of support for childhood obesity. There is a strong evidence base for early intervention with young children before eating behaviours become engrained and psychological problems increase.

The Health Board is confident that action on childhood obesity will positively impact on the seven wellbeing goals and it identified intended benefits against each goal.

What did the Health Board do to achieve this?

The Health Board published its childhood obesity strategy for Gwent up to 2025 - Fit for Future Generations in 2015. The strategy sets out a vision of healthier, fitter future generations where obesity will not harm children and limit the wellbeing and health of future generations in Gwent as it is today. The strategy, which was adopted by all five PSBs in the Health Board's area, provides a framework for coordinated, multiagency and evidence-based action.

Health Board staff worked with partners to map the provision of care and support available for children and young people across the four levels of the all Wales obesity pathway. It identified a significant gap in the provision of services at level three of the pathway. Staff also reviewed the evidence of what works to support children with obesity, looking in more detail at English service models that meet service standards, including those published by NICE guidelines.

The Health Board established a Steering Group to ensure effective communication and collaboration during the development of Connect. The Steering Group took the opportunity to use the five ways of working to improve and refine the final service offering.

The Health Board worked collaboratively with colleagues and partners to identify the cost of obesity, estimated to be around £17 million, as well as to estimate the current and future demand for the specialist service, service capacity and required resources both finance and workforce. The Health Board involved a wide range of stakeholders when developing the business case. When the business case was agreed, the Health Board involved families and children who typically did not engage with services to identify what they would want or need from a specialist weight management service. In developing Connect, an evaluation and outcomes framework was agreed to measure the difference the service is making for children and young people and their families.

The Connect service is provided by 3.8 FTE staff, comprising a Consultant Paediatrician, Specialist Dietitian, Clinical Psychologists, Nurses and a Therapy Assistant Practitioner, as well administrators. Each healthcare professional provides different elements of support, which the child or young person and their family may find useful. This support includes a medical assessment for underlying causes of obesity, bespoke dietetic advice, psychological support with factors affecting their weight and help to increase activity levels. Recurring funding totalling £192,000 was made available for the service, which is fully integrated with the adult weight management service and will support 252 families across Gwent in the first 12 months.

Appendix 2

The Five Ways of Working

The table sets out 'positive indicators' for each of the five ways of working that we have identified and used to help inform our assessments of the extent to which bodies may be applying the SD Principle. We do not intend the indicators to be used as a 'checklist'. We have used them as 'indicators' to help us to form conclusions, rather than 'determinants' of the extent to which a body is acting in accordance with the SD Principle in taking steps to meet its wellbeing objectives.

Exhibit 4: the five ways of working

What would show a body is fully applying the long-term way of working?

- There is a clear understanding of what 'long term' means in the context of the Act.
- They have designed the step to deliver the wellbeing objective/s and contribute to their long-term vision.
- They have designed the step to deliver short or medium-term benefits, which are balanced with the impact over the long-term (within the project context).
- They have designed the step based on a sophisticated understanding of current and future need and pressures, including analysis of future trends.
- Consequently, there is a comprehensive understanding of current and future risks and opportunities.
- Resources have been allocated to ensure long-term as well as short-term benefits are delivered.
- There is a focus on delivering outcomes, with milestones/progression steps identified where outcomes will be delivered over the long term.
- They are open to new ways of doing things which could help deliver benefits over the longer term.
- They value intelligence and pursue evidence-based approaches.

What would show a body is fully applying the preventative way of working?

- The body seeks to understand the root causes of problems so that negative cycles and intergenerational challenges can be tackled.
- The body sees challenges from a system-wide perspective, recognising and valuing the long-term benefits that they can deliver for people and places.
- The body allocates resources to preventative action that is likely to contribute to better outcomes and use of resources over the longer term, even where this may limit the ability to meet some short-term needs.
- There are decision-making and accountability arrangements that recognise the value of preventative action and accept short-term reductions in performance and resources in the pursuit of anticipated improvements in outcomes and use of resources.

What would show a body is taking an 'integrated' approach?

- Individuals at all levels understand their contribution to the delivery of the vision and wellbeing objectives.
- Individuals at all levels understand what different parts of the organisation do and proactively seek opportunities to work across organisational boundaries. This is replicated in their work with other public bodies.
- Individuals at all levels recognise the cross-organisation dependencies of achieving the ambition and objectives.
- There is an open culture where information is shared.
- There is a well-developed understanding of how the wellbeing objectives and steps to meet them impact on other public sector bodies.
- Individuals proactively work across organisational boundaries to maximise their contribution across the wellbeing goals and minimise negative impacts.
- Governance, structures and processes support this, as do behaviours.

What would show a body is collaborating effectively?

- The body is focused on place, community and outcomes rather than organisational boundaries.
- The body has a good understanding of partners' objectives and their responsibilities, which helps to drive collaborative activity.
- The body has positive and mature relationships with stakeholders, where information is shared in an open and transparent way.
- The body recognises and values the contributions that all partners can make.
- The body seeks to establish shared processes and ways of working, where appropriate.

What would show a body is involving people effectively?

- Understanding who needs to be involved and why.
- Reflecting on how well the needs and challenges facing those people are currently understood.
- Working co-productively, working with stakeholders to design and deliver.
- Seeing the views of stakeholders as a vital source of information that will help deliver better outcomes.
- Ensuring that the full diversity of stakeholders is represented, and they can take part.
- Having mature and trusting relationships with its stakeholders where there is ongoing dialogue and information is shared in an open and transparent way.
- Ensure stakeholders understand the impact of their contribution.
- Seek feedback from key stakeholders which is used to help learn and improve.

Appendix 3

The Health Board’s management response to improvement opportunities

Health Board staff considered our findings at a workshop held on 24 October 2019, where several learning points related to the development of Connect were discussed. We identified several improvement opportunities as set out earlier in this report.

Exhibit 5: management response to improvement opportunities

Opportunities for improvement	Actions, responsibilities, timescales
<p>Long term and prevention</p> <p>I1 When considering business cases for new services, the Health Board should:</p> <ul style="list-style-type: none"> a. consider the totality of funding required across the whole patient/service user pathway to maximise impact on health and wellbeing; and b. work with partners to identify sustainable sources of funding across the whole patient/service user pathway, including looking at how current funding could be used differently. 	<p>The Health Board will review its business planning guidance to ensure that it explicitly identifies the need to consider the totality of funding required across the whole patient/service user pathway to maximise impact on health and wellbeing. It will look to evidence the work with partners to identify sustainable sources of funding across the whole patient/service user pathway, including looking at how current funding could be used differently. The Pre-Investment Panel will ensure that these are considered when appraising cases.</p>
<p>I2 The Health Board should identify and report on the contribution of Connect to PSBs’ priorities and wellbeing objectives.</p>	<p>Health Board representatives on the five Gwent Public Service Boards will ensure that they are aware of existing and new services and consider how these support the delivery of the PSBs priority areas and the impact these services may have on achieving long term health and wellbeing outcomes for the region as set out in Building A Healthier Gwent.</p> <p>The ambition for Building A Healthier Gwent is that that more children and young people live in an environment that supports being a healthy weight. This is intended to strengthen the delivery of tier 1 of the All</p>

Opportunities for improvement	Actions, responsibilities, timescales
	<p>Wales Obesity pathway in Gwent and further strengthen the Health Boards collaborative approach to prevention.</p> <p>The Connect service is currently developing a case study to share with others how the Service has used the WBFGA to challenge and improve service design and delivery. This case study will identify how the new service supports the National Goals and PSB priorities/well-being objectives.</p>
<p>I3 The Health Board should assess the extent to which children and young people are represented when designing health and wellbeing services and how it could support and sustain a Gwent-wide approach to involve them.</p>	<p>In developing the Connect service the Health Board held focus groups with Children and Young People and their families who were referred to Paediatric services and Paediatric Dietetics for obesity and who had not previously engaged with these services. This was identified as a priority as these were most likely to be the most complex cases that the Connect Service would need to engage with. Following this the Connect service was then designed to incorporate the learning from these focus groups.</p> <p>Building on this initial engagement a future consideration would be, at 12 months, to conduct a full evaluation of the service and to engage with service users (including young people and children) as part of this with the view to test if the current design and provision is fit for purpose.</p> <p>The service has recently secured a project with the Health Board's Value Based Healthcare team where patient reported outcomes (PROMs) and patient reported experience measures (PREMs) will be captured, reported and assessed on a monthly basis. This will then enable the service to respond in a timely manner to service user feedback and use this intelligence to help shape the ongoing evolution of the service.</p> <p>We will ensure that future service developments for children and young people work with the Children's Rights and Participation Forum and the Gwent Health Youth Forum to engage the views of young people in the design, delivery and evaluation of services.</p>

Opportunities for improvement	Actions, responsibilities, timescales
	The Health Board has been recently awarded the National Participation Kite mark in recognition of its work to achieve the Children and Young Peoples' National Participation Standards. The Health Board will continue to widen the involvement of children and young people in designing services that affect them.

We will monitor the Health Board's progress in implementing these actions, and the extent to which they address the issues we have identified in our findings, through our future programmes of work.

Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

Swyddfa Archwilio Cymru
24 Heol y Gadeirlan
Caerdydd CF11 9LJ

Ffôn: 029 2032 0500

Ffacs: 029 2032 0600

Ffôn testun: 029 2032 0660

E-bost: post@archwilio.cymru

Gwefan: www.archwilio.cymru