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Implementing the Well-Being of Future Generations Act – **Cardiff & Vale University Health Board**

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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 well-being 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 well-being objectives. The principal focus of our 2019 work is the way in which public bodies are taking steps to meet their well-being objectives.
- 7 We undertook our fieldwork at Cardiff and Vale University Health Board (the Health Board) between June and July 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 well-being duty.
- 9 We carried out a high-level review of how the Health Board has continued 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 well-being objective. Specifically, we reviewed the development of the proposals and business cases for health and well-being centres and well-being hubs (centres and hubs) described in [Appendix 1](#).

- 10 [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 well-being objectives may impact upon each of the well-being 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 well-being objectives.

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

- 11 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 have been applied through its work on **embodying the social model of care in the development of health and well-being centres and well-being hubs** (the step).

Main findings

- 12 Our examination found that **the Health Board has a good understanding of the sustainable development principle which it clearly considered when developing corporate arrangements and embodying the social model of care in the development of health and well-being centres and well-being hubs, but recognises there is more to do.**
- 13 We reached this conclusion because:
- there has been progress in embedding the sustainable development principle and evidence shows the Health Board is doing things differently, but it recognises there are still challenges to overcome.

- the five ways of working have been central to planning the health and well-being centres and well-being hubs but there is scope for the Health Board and its partners to build upon successes over the next phases of the programme.

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

Opportunities for improvement

- 15 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. We presented our findings at a workshop of key representatives involved in ‘embodying the social model of care in the development of health and well-being centres and well-being hubs’ in July 2019. At this workshop the Health Board considered our findings, identified opportunities for improvement in relation to the step and began to consider a more detailed response.
- 16 **Exhibit 2** sets out the Health Board’s opportunities for improvement (I), which are intended to support continued development and embedding of the SD principles and five ways of working.

Exhibit 2: Opportunities for improvement

Opportunities for improvement	
Long term	
I1	Further enhance the profile of primary care by building upon the successes of existing promotional campaigns.
I2	Develop a campaign to educate the public about what types of services will be available at each of the centres and hubs.
I3	Use examples of successfully moving services from secondary to community and primary care to promote and sustain a shift in resources from other services that could be provided closer to home.
I4	Develop a model to monitor and review the impact and benefits of the centres and hubs. Use a blended approach that includes outcome measures, data, exemplar projects and patient stories to show not only cost effectiveness but also the positive impact on patient experience.
Prevention	
I5	Undertake needs assessments on an ongoing basis and continually review services to ensure that centres and hubs remain current and fit for purpose.
I6	Develop a clear plan to agree finances prior to centre and hub services commencing to prevent duplication of resources.
Integration	
I7	Undertake a community services mapping exercise for each of the localities to identify services it could signpost patients to if they fall outside of the services delivered by centres and hubs.

Opportunities for improvement

Collaboration

I8 Develop some overarching principles for the centres and hubs operating model which allow for some local variation based on community need.

Involvement

I9 Explore the best vehicles to engage marginalised citizens both in terms of planning future centres and hubs and in ensuring they are accessible to all when in operation. For example, by finding community leaders to help roll out key messages and engage with these groups on an ongoing basis.

I10 Include a question in the IMTP template which asks how clinical boards will reach marginalised groups.

- 17 The Health Board's management response will be inserted as **Appendix 3** once developed and agreed. The final report will be published on the Wales Audit Office website after consideration by the Board or a relevant board committee.

Detailed report

Part 1 – Corporate arrangements

The Health Board has taken steps to embed the sustainable development principle and is able to provide examples of working differently, but recognises there are still challenges to overcome

- 18 Prior to examining the step (embodying the social model of care in the development of health and well-being centres and well-being hubs) we wanted to understand how the Health Board's corporate arrangements support delivery of that work.
- 19 The Health Board is making steady progress in using the principles of the Act to ensure that the long-term impact of decisions is seriously considered before decisions are made. The Health Board developed its 10 year strategy, Shaping Our Future Well-being (SOFW) 2015-25 as the WFG Act was going through the Assembly and incorporated the SD principles directly into the strategy. The Health Board's well-being objectives are the same as their strategic objectives.
- 20 There is a clear action plan to progress WFG across the organisation, for example through the WFG Steering Group. Working with Public Services Boards (PSB)s is seen as an organisational priority and the Health Board said it has good working relationships with officers in partner organisations. As the Health Board continues to implement its strategy and develop its vision, it aims to reflect and apply learning to influence the setting of future well-being objectives.
- 21 However, the Health Board recognises there are some challenges to progressing its well-being objectives and is aware that it needs to transform the way services are delivered and encourage people to adopt healthy behaviours.
- 22 The Health Board also recognises the need to continue to engage and raise awareness of the Act amongst senior leaders, clinical board managers and staff. It understands the importance of demonstrating the Act's relevance and use in practice.
- 23 We wanted to understand how 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.
- 24 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

The Health Board provided positive examples that show how it is seeking to use the sustainable development principle to underpin culture and delivery of key work programmes

- The Health Board says that the Act has provided a good basis for partnership working through PSBs and there is now a broader recognition of the value of work contributing to wider well-being goals in addition to health.
- The Health Board promotes the SD principle in workshops, training sessions and inductions.
- The Health Board has also developed a directory of WFG demonstrator projects within the UHB.

Developing core arrangements and processes

A number of examples show that the sustainable development principle and five ways of working are successfully being woven into core arrangements and processes

- The Health Board has a WFG Steering Group which is chaired by the Executive Director of Public Health. The Steering Group reports to the Strategy and Delivery Committee, which is a committee of the Board. The Vice Chair, who is the Health Board's WFG champion, also sits on the Steering Group.
- The five ways of working and SD principle are embedded throughout the Health Board's 10 year strategy.
- The Board is considering how it can apply the 5 ways of working in decision-making. Board and committee template reports direct officers to identify which ways of working their projects and updates are contributing to.

Involving citizens and stakeholders

The Health Board has shown commitment to involving and collaborating with its citizens and stakeholders through different methods

- Citizens and stakeholders have been engaged during the development of service plans and have contributed to service developments such as the Major Trauma Network and Thoracic Surgery Services.
- The Health Board and local third sector organisations have signed a memorandum of understanding to demonstrate commitment to adopt the SD principle in the way they work together.
- The Health Board has collaborated with Cardiff and Vale College, the National Welsh Language Learning Centre and a regional partnership called More than Just Words Forum (comprised of Cardiff Council, Vale of Glamorgan Council and Velindre University NHS Trust) to help improve collaboration when developing Welsh language in health and social care.

Part 2 – Examination of ‘embodying the social model of care in the development of health and well-being centres and well-being hubs’

The five ways of working have been central to planning the health and well-being centres and well-being hubs but there is scope for the Health Board and its partners to build upon successes for the next phases of the programme

25 We looked at the Health Board’s approach to the development of the proposals and business cases for the projects in tranche one of the Shaping Our Future Well-being: In Our Community programme. The projects in tranche one are the well-being hubs at Maelfa, Penarth, Parkview and a health and well-being centre at Cardiff Royal Infirmary. Further information on this step is set out in [Appendix 1](#).

The health and well-being centres and wellbeing hubs are designed to be part of the wider long-term vision to create a more sustainable health care model but achieving a shift in resources remains a challenge

26 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.

27 We identified the following strengths:

- development of the centres and hubs are key components of the Health Board’s ‘Shaping Our Future Well-being: In Our Community Programme’. This aims to develop and reconfigure community infrastructure over the period to 2025 and beyond to support the transformation of services.
- the business cases are based on an understanding of current and future population need, specific to different clusters. For example, rapid population growth, ageing population, degree of unhealthy lifestyle behaviours and acknowledged, persistent health inequalities across Cardiff and Vale. The proposed hubs considered the key population needs identified in the Cardiff and Vale of Glamorgan Area Plan for Care and Support Needs 2018-2023 when deciding where they should be placed.
- the Health Board and its partners have taken an evidence-based approach to developing the business cases by undertaking options appraisals and benefits realisation exercises.

- the Health Board has identified that its current primary care model is not sustainable and is designing a new model that will meet long term needs and use resources more efficiently.
- environmental sustainability has been built into the design of the infrastructure.
- the proposals aim to future proof the community facilities, so the buildings are workable for present and future needs.
- the Health Board and its partners have identified a set of measures to monitor the Shaping Our Future Well-being: In Our Community programme and recognises the need to continuously review this.

28 We identified the following learning points:

- the Health Board is starting to raise the profile of community-based services working together such as primary care, community health, local authority and third sector services but more could be done to raise the profile of the concept of the centres and hubs and the benefits of collaborative working.
- investment is being made in primary care, through transformation funding and a developing process of resource allocation from secondary care. For example, recent investment in Mental Health and Musculoskeletal services in primary care has been made through an allocative resource shift, but there is more work to do to continue to develop this process. Wellbeing coordinators will play a significant role in the operating of hubs and centres providing a role in connecting communities to services. Currently these roles are funded through short term programmes and the health board along with partners will need to explore sustainable support for these roles. The Health Board and its partners need to consider how it will monitor the short- and medium-term successes of new models of service delivery to inform plans for future tranches of the programme as well as longer term outcomes including patient experience.
- the Health Board and its partners need to be clear about the aims of the well-being centres and hubs. Ongoing cluster and population needs assessments should be conducted to feed into future planning and ensure appropriate services are delivered.

There is a strong focus on educating and empowering communities to take control of their own health by promoting a shift of thinking from illness to wellness, but the Health Board needs to continue to develop a process to monitor the effectiveness of new models of care to deliver preventative benefits

29 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.

30 We identified the following strengths:

- the Health Board understands the root cause of ill health and as a result has designed the centres and hubs with its partners to bring together a range of primary care, community health and well-being services. They will aim to support the physical, mental and social well-being of residents in the community and will focus on prevention and wellness rather than illness.
- the Health Board and its partners are seeking to empower people to choose healthy behaviours and manage their own health. Long term this will reduce demand and reliance on health services and will change mindsets about healthy behaviours.
- the buildings themselves are designed to be “future-proofed” so that they do not become a barrier to future development.

31 We identified the following learning points:

- before a centres or hub opens, there should be a clear plan for services and finances to avoid duplication; this should not be limited to health services.
- the Health Board and its partners recognise the need to monitor the effectiveness of the new model of care on an ongoing basis to ensure preventative benefits are delivered. For example, through working as a member of the Regional Partnership Board to develop an outcomes framework and learn from the development in the South West Cardiff Cluster.

There is a clear vision for how the centres and hubs will support each of the well-being goals but there are opportunities to work with other organisations to maximise the impacts across all well-being goals

32 We looked for evidence of consideration of:

- how this step could contribute to the seven national well-being goals;
- how delivery of this step will impact on the Health Board’s well-being objectives and wider priorities; and
- how delivery of this step will impact on other public bodies’ well-being objectives.

33 We identified the following strengths:

- the business cases for the centres and hubs outline how they will support each of the well-being goals.
- there has been integration at all levels of the project from project planning to RPB level with all partners working towards common objectives.

- there was a focus on joining-up resources with partners to meet objectives and avoid duplication of funding. For example, investment in the third sector to support GP sustainability with mental health services.
- the Health Board and partners are starting to think about how they can use the centres and hubs to deliver on different aspects of well-being. For example, community classes and meetings, such as computer classes, gardening club, peer support and health improvement.

34 We identified the following learning points:

- there is potential for further integration through partnerships. For example, working with community ownership foundations to provide arts and culture options in centres and hubs and working with the councils and RPB to create more accessible bus routes to them.

The Health Board has collaborated well with its partners to develop the health and well-being centres and well-being hubs resulting in strengthened relationships but there is further work to complete on the overarching operating principles of the centres and hubs

35 We looked for evidence that the Health Board:

- has considered how it could work with others to deliver the step (to meet its well-being objectives, or assist another body to meet its well-being objectives);
- is collaborating effectively to deliver the step; and
- is monitoring and reviewing whether the collaboration is helping it, or its stakeholders meet well-being objectives.

36 We identified the following strengths:

- the centres and hubs have been designed for collaborative working as they will be multi-functional spaces with co-located services and multi-disciplinary, multi-agency team working.
- proposals for the centres and hubs have been developed in partnership with local GPs, the local authority and third sector organisations.
- partners feel that developing proposals for the centres and hubs collaboratively has strengthened relationships and there is now greater trust, awareness and more mature conversations between organisations.

37 We identified the following learning points:

- there are opportunities to apply the successes of joint working to the future planning and development of the centres and hubs.
- the overarching principles for the centres and hubs operating model and policies are yet to be decided by the Delivery Group.

The Health Board and its partners have involved a wide variety of groups and updated its engagement plan to include lessons learned from engagement events

38 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.

39 We identified the following strengths:

- the fundamental rationale behind the Shaping Our Future Well-being Strategy is the focus on the health and well-being needs of the local population through the delivery of a social model of health and delivering services collaboratively with partners.
- the Health Board has an Engagement and Communication Plan for the development of the centres and hubs which is updated throughout the project.
- the Health Board held engagement sessions about the centres and hubs with a wide variety of stakeholders including members of the public, third sector, board members, councillors and contractors. Seldom heard groups such as young people and religious groups were also involved. The Health Board engaged with young people through arts projects at schools asking what they would like to see in the hubs. The engagement events were successful and provided quality outputs which were fed back to the design and delivery team.
- the Health Board worked in partnership with Cardiff and Vale Community Health Council and third sector organisations to engage local communities and co-produce the plans for the community-based facilities. For example, Action in Caerau and Ely (ACE) at Parkview and church groups at Maelfa.
- the Health Board and its partners felt that the project has fostered a culture of listening and partners felt they are learning from each other, from citizens and from similar successful projects. For example, the Health Board visited the Bromley by Bow Centre.
- the Health Board has applied lessons learned from engagement events to future engagement sessions.

40 We identified the following learning points:

- the Health Board and its partners recognise the potential to support behaviour change and encourage people to make healthy choices by creating the right environment to make better choices.

- the Health Board and its partners recognised the potential of finding community leaders to help roll out key messages to ensure communication is ongoing.

Appendix 1

The Step

Information provided by the Health Board on the step: Embodying the social model of care in the development of health and well-being centres and well-being hubs

The step examined was the approach the Health Board has taken in the development of the proposals and business cases for the projects in tranche one of the Shaping Our Future Well-being in Our Community programme (Well-being Hubs in Maelfa, Penarth and Parkview and a Health and Well-being Centre at Cardiff Royal Infirmary)

The Shaping Our Future Well-being: In Our Community Programme sets out the rationale for developing and reconfiguring community infrastructure over the period to 2025 to support the implementation of the Shaping Our Future Well-being Strategy.

- the buildings will have shared facilities with councils and spaces for community groups to use, to enable and support community groups as assets in the community for well-being. The strategy sets out the constituent capital projects they plan to facilitate with a focus on:-
 - The health and well-being needs of the local population through the delivery of a social model of care;
 - The promotion of healthy lifestyles;
 - The reduction of health inequality;
 - The planning and delivery of healthcare close to people's homes; and
 - Delivering services collaboratively with our partners and supporting economic growth.
- the Programme was established with the aim of developing the major physical infrastructure required to support sustainable and prudent, collaborative health and well-being services provided closer to home, which improve health outcomes and reduce health inequalities. This will see the development of a sustainable network of facilities across Cardiff and Vale, designed to create flexible spaces to enable change. These include:
 - a Health and Well-being Centre in each Locality (CRI, Cardiff North and West, Barry Hospital);
 - a Well-being Hub in each Cluster, co-located with Council facilities where possible;
 - fit for purpose primary care premises; and
 - community facilities rationalised where appropriate.
- a formal programme structure is in place with the Regional Partnership Board acting as the Programme Board to drive collaborative working through the programme.

- in developing the proposals, the Health Board used the five case model to develop the business cases which involved determining strategic fit, agreeing local (Cluster) objectives, scoping service requirements, an options appraisal, risks and benefits appraisal, selecting preferred options, testing affordability and funding requirements, and community engagement. The Health Board also explored social model excellence from elsewhere (Bromley by Bow).
- the programme is underpinned by the Health Board's vision that a person's chance of leading a healthy life is the same wherever they live and whoever they are. At its heart, the Strategy (co-produced with staff, partner organisations and community representatives) has the desire to achieve joined up care based on home first, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.
- in considering how to shape future well-being, the focus has been on the health and care needs of the local population, working collaboratively with partners to provide sustainable services.
- the Health Board engaged local people about what was important to them in terms of how the health and well-being centre / well-being hub would work for local people.

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 well-being 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 well-being 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 well-being 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 well-being objectives and steps to meet them impact on other public sector bodies.
- Individuals proactively work across organisational boundaries to maximise their contribution across the well-being 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?

- Having an understanding of 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 are able to 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

The Health Board's management response will be inserted here. This appendix will form part of the final report to be published on the Wales Audit Office website once the report has been considered by the Board or a relevant board committee.

The Health Board considered our findings at the workshop held in July 2019 and agreed a number of improvement opportunities regarding embodying the social model of care in the development of health and well-being centres and well-being hubs. The following table presents the actions that the Health Board has identified in response.

Exhibit 5: management response to improvement opportunities

Improvement opportunities	Management response	Completion date	Responsible officer
Long-term			
I1 Further enhance the profile of primary care by building upon the successes of existing promotional campaigns.	We will continue to build on the Primary Choice campaign to promote Primary Care.	Ongoing	Lisa Dunsford Director of Operations, Primary, Community and Intermediate Care

Improvement opportunities	Management response	Completion date	Responsible officer
<p>I2 Develop a campaign to educate the public about what types of services will be available at each of the centres and hubs.</p> <p>I3 Use examples of successfully moving services from secondary to community and primary care to promote and sustain a shift in resources from other services that could be provided closer to home.</p> <p>I4 Develop a model to monitor and review the impact and benefits of the centres and hubs. Use a blended approach that includes outcome measures, data, exemplar projects and patient stories to show not only cost effectiveness but also the positive impact on patient experience.</p>	<p>We have an active engagement programme for each of the Wellbeing Hubs and Health and Wellbeing Centres, we will continue to evolve our engagement working with local organisations, public health colleagues and community groups to promote the services in each centre.</p> <p>Supporting services to move to community delivery is a core element of the Health Board's Integrated Medium Term plan. Through this process we are celebrating and promoting examples of good practice.</p> <p>The Regional Partnership Board is developing an Outcomes Framework which will provide a tool to support the evaluation of the impact of Health and Wellbeing Centres and Wellbeing Hubs.</p>	<p>December 2021</p> <p>Ongoing</p> <p>July 2020</p>	<p>Abigail Harris Executive Director Strategic Planning</p> <p>Abigail Harris Executive Director Strategic Planning</p> <p>Abigail Harris Executive Director Strategic Planning</p>
Prevention			
<p>I5 Undertake needs assessments on an ongoing basis and continually review services to ensure that centres and hubs remain current and fit for purpose.</p>	<p>Primary Care Clusters are required to produce plans to meet the needs of their populations, this will include considerations of Wellbeing Hub services once established. These plans will take into account evidence from wider needs assessments including future updates to the population assessment required under the Social Services and Wellbeing Act and the Wellbeing Assessment required under the WFG Act</p>	<p>Annually</p>	<p>Lisa Dunsford Director of Operations, Primary, Community and Intermediate Care</p>

Improvement opportunities	Management response	Completion date	Responsible officer
I6 Develop a clear plan to agree finances prior to centre and hub services commencing to prevent duplication of resources.	This will form part of the operating model of the Wellbeing Hubs.	November 2021	Fiona Kinghorn Executive Director of Public Health
Integration			
I7 Undertake a community services mapping exercise for each of the localities to identify services it could signpost patients to if they fall outside of the services delivered by centres and hubs.	We will be undertaking this mapping on a locality and cluster basis in partnership with existing tools and services such as Dewis Cymru.	October 2021	Abigail Harris Executive Director Strategic Planning
Collaboration			
I8 Develop some overarching principles for the centres and hubs operating model which allow for some local variation based on community need.	We will establish an overarching operating model for the Health and Wellbeing Centre and Wellbeing Hubs focussed on operating as single assets and supporting community ownership.	October 2021	Abigail Harris Executive Director Strategic Planning
Involvement			
I9 Explore the best vehicles to engage marginalised citizens both in terms of planning future centres and hubs and in ensuring they are accessible to all when in operation. For example, by finding community leaders to help roll out key messages and engage with these groups on an ongoing basis.	We will ensure this forms part of the engagement plan for each project.	October 2021	Abigail Harris Executive Director Strategic Planning

Improvement opportunities	Management response	Completion date	Responsible officer
I10 Include a question in the IMTP template which asks how clinical boards will reach marginalised groups.	Considerations of service developments and engagement with marginalised groups already form part of the development of IMTPs.	January 2020	Abigail Harris Executive Director Strategic Planning

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.

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