

**Welsh Assembly Government  
Consultation Document**



**Health Social Care and Well-being Strategy Guidance 2010  
Draft guidance for consultation**

Date of issue: **20 July 2010**

Responses by: **14 September 2010**

## **Overview**

Guidance has been prepared to help local authorities and Local Health Boards meet their statutory duty under Section 40 of the National Health Service Wales Act 2006 to prepare a health, social care and well-being strategy for each local authority area.

This consultation is to allow those who will need to respond to that guidance to offer views on whether the guidance is clear and helpful.

The guidance is being issued alongside a parallel consultation on guidance on Children and Young People's Plans and a summary of the guidance on Community Strategies.

## **How to respond**

Consultation events will be organised where comments can be made. Otherwise people can respond using the questionnaire at the back of the document or completing an online form.

## **Further information and related documents**

**A large print version of this document is available on request.**

The document is available on the internet at:  
<http://wales.gov.uk/consultations/healthsocialcare/?lang=en>

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**Data Protection** How the views and information you give us will be used

Any response you send us will be seen in full by Welsh Assembly Government staff dealing with the issues which this consultation is about. It may also be seen by other Welsh Assembly Government staff to help them plan future consultations.

The Welsh Assembly Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. This helps to show that the consultation was carried out properly. If you do not want your name or address published, please tell us this in writing when you send your response. We will then blank them out.

Names or addresses we blank out might still get published later, though we do not think this would happen very often. The Freedom of Information Act 2000 and the Environmental Information Regulations 2004 allow the public to ask to see information held by many public bodies, including the Welsh Assembly Government. This includes information which has not been published. However, the law also allows us to withhold information in some circumstances. If anyone asks to see information we have withheld, we will have to decide whether to release it or not. If someone

has asked for their name and address not to be published, that is an important fact we would take into account. However, there might sometimes be important reasons why we would have to reveal someone's name and address, even though they have asked for them not to be published. We would get in touch with the person and ask their views before we finally decided to reveal the information.

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## **Summary**

Section 40 of the National Health Service Wales Act 2006 places a statutory duty on each local authority and each Local Health Board to prepare a health, social care and well-being strategy for that local authority's area.

This draft guidance is to support the preparation of the Health, Social Care and Well-Being Strategies for the period 2010/11 to 2012/13.

It is being issued concurrently with draft guidance for Children and Young People's Plans which will cover the same period and a summary of the Community Strategy guidance.

### **What are the main issues?**

The Guidance proposes that the Strategies focus on two important areas where the ability of the LHB and local authority together have a major opportunity to improve the health and well-being of their local population.

These are through

- (i) improving health and well-being and reducing inequities, that is inequalities in health that are unfair and avoidable
- (ii) improving the provision, quality, integration, and sustainability of 'overlapping services', that is in situations where the NHS, local government and their partners together provide a range of interlocking services to identifiable groups within their population.

The consultation is to ensure that the requirement is clear and manageable and that the relationship between the Strategies and other requirements, especially the Children and Young People's Plans and Community Strategy is clear.

### **The questions**

**Consultation  
Response Form**

Your name:

Organisation (if applicable):

Email / telephone number:

Your address:

**Question 1:** Is the guidance clear on what needs to be achieved through the Health, Social Care and Well-being Strategy, and if not what needs to be done to ensure it is?

**Question 2:** Is the relationship to other strategies clear, and if not what needs to be done to ensure it is?

**Question 3:** In particular, is the guidance for the Health, Social Care and Well-Being Strategies for the period 2010/11 to 2012/13 and for the Children and Young People's Plan sufficiently aligned so as to minimise the burden on local bodies while maximising the local impact of the resulting plans.

**Question 4:** What is your view on whether we need to have all of the existing local partnerships and whether the existing structure of partnerships is fit for purpose?

**Question 5:** We have asked some specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

Please enter here:

Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be kept confidential, please tick here:

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## **Introduction and Purpose of the Guidance**

This Statutory Guidance has been issued to support the third round of Health, Social Care and Well-Being Strategies (HSCWBs). It replaces all previous guidance on the topic. It is more concise than for previous rounds as local bodies have been through two rounds of strategy preparation and can build on their experience and strong local partnerships in preparing the next round.

The HSCWBS will provide a framework within which the local authority and Local Health Board (LHB) set out how together they will drive forward improvements in the health and well-being of their local populations and will strengthen the planning and management of health and social services and improve outcomes for those who use them. HSCWBSs are statutory documents which reflect the agreed common aspirations and commitments in each local area, and so must work for partners both at the local authority level and the level of a LHB, where these differ. A diverse and wide range of other partners will need to be consulted and involved in the development and monitoring of the strategy.

The HSCWBS should reflect and support a flexible, dynamic approach which seeks out opportunities and challenges the status quo. It should not be a rigid, fixed plan.

Local partners need to work closely together and with government to secure the best possible benefits from limited resources, including resources invested in partnership processes.

The Welsh Assembly Government expects Local Service Boards to take responsibility for this, and in particular to ensure that the work of the partnerships dealing with Health Social, Care and Well-being , Children and Young People, and Community Safety are aligned, in the context of the Community Strategy, and that areas of overlap are managed effectively.

For example, it is increasingly recognised that:

- good health in the early years and adolescence is a vital contribution to maintaining good health through life;
- the health and well-being of children is intimately connected with that of their families;
- children use other services besides those specifically designed for them; and
- children will go on to use services designed for adults and so good transitional arrangements are vital.

It is important that the development and implementation of the Health, Social Care and Well-Being Strategies and CYP Plans are explicitly aligned in this context. How this is achieved is a matter for local discretion, but a number of areas have made significant progress in designing an integrated planning system using the Results Based Accountability model. The Welsh Assembly Government will support this, working with local areas to ensure that national reporting requirements can be met through streamlined local systems. Figures 1 and 2 illustrate how this might look in practice.

The third sector also has a crucial role to play at both a national and local level. Partnerships need to include local third sector organisations at the strategic planning stage, as well as in commissioning the development and delivery of services. In addition, consideration should be given to ensuring that Communities First Partnerships have a full role in the development of services for their communities. The appropriate links will need to be built in to ensure that the priorities and actions of the Communities First Partnerships feed into the planning process.

### **The Duty**

The strategy must address the issues set out in the Regulations<sup>1</sup> as shown in Annex A. In essence, these include:

- (i) existing and emerging health and well-being needs, including risks and factors that influence health and well-being;

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<sup>1</sup> Health, Social Care and Well-being Strategies (Wales) Regulations 2003 as amended by the Health, Social Care and Well-being Strategies (Wales) (Amendment) Regulations 2007

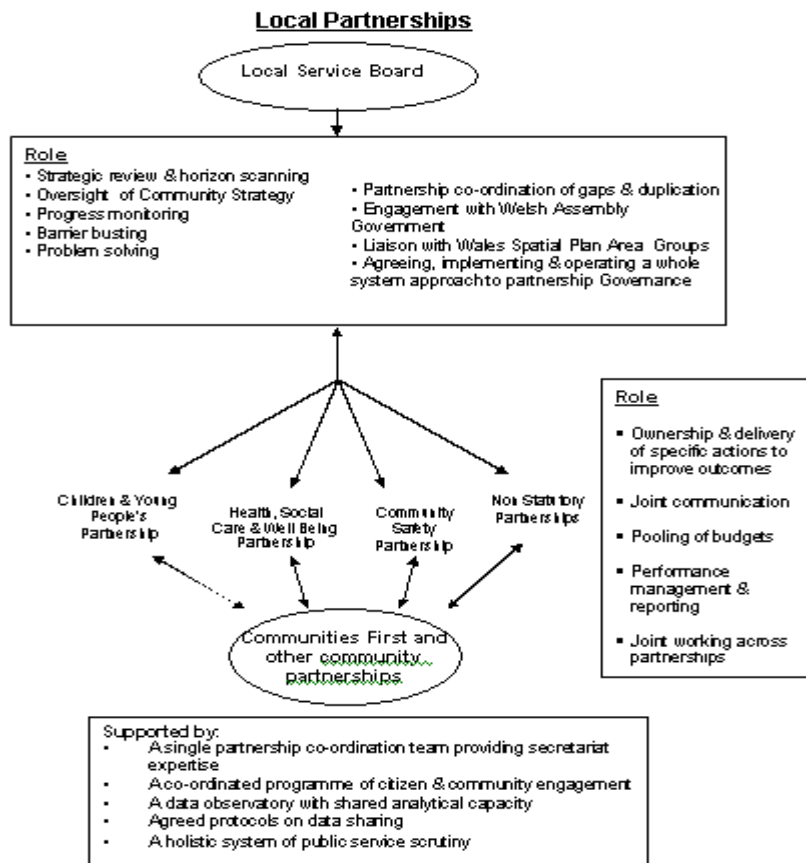


Figure 1

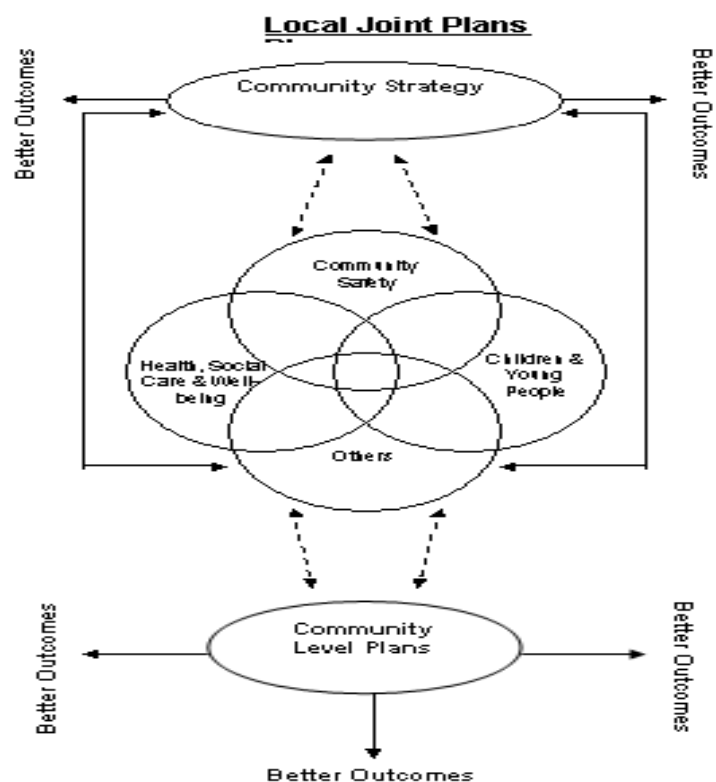


Figure 2

- (ii) existing services and gaps in services; and
- (iii) actions to improve health and wellbeing, with attention to the resources required.

In preparing the next Strategy, the LHBs and local authorities should narrow their focus as indicated in chapter 1 below to concentrate on:

- (iii) improving health and well-being and reducing inequities,
- (iv) improving management of 'overlapping services'.

In accordance with the regulations, in preparing the HSCWBS, which will address a period of three years, the local authority and LHB must

- co-operate in formulating and reviewing their strategy with other specified bodies before formulating HSCWB strategies make an assessment of the health and well-being needs of the local population
- publish and consult on the draft HSCWBS for a minimum of 12 weeks and have regard to the results of that consultation in completing the strategy for adoption
- formally sign off the final HSCWBS and make it publically available, and provide a copy to Welsh Ministers.

These matters are set out in more detail in chapters 2 and 3.

### **The Requirement**

The HSCWBS is a statutory requirement, to be agreed at the highest level within the LHB and local authority, setting out for the local population the intentions of the two bodies. It should serve local needs and, set out clearly what will be done. The detailed content and format of the HSCWBS and how outcomes are to be achieved are a matter for local discretion.

The duty on both local authorities and LHBs means that the HSCWBS must reflect the responsibilities of each and their separate and joint commitment of resources. How this is managed will be a matter for local decision-making. Where a LHB provides services to a number of local authority areas,

those local authorities may wish that LHB need to agree a framework of principles for establishing objectives and ensuring the effectiveness of joint service delivery, with more detailed arrangements being agreed at the local authority level.

The HSCWBS will not be a fixed and final plan but a framework which sets out clearly how the requirements will be met over and beyond the 3-year period. It should be a programme of work that will set the basis for long-term service improvement but must also include solid actions and deliverables.

The 3-year period aligns the HSCWBS with the Children and Young People's Plan, but should not be seen as a straightjacket.

Each LHB is already preparing a 5-year Strategic Workforce and Financial Framework. Local authorities have local responses to the national strategy *Fulfilled Lives, Supportive Communities*. The responsible body will need to link these as appropriate to the HSCWBS.

The HSCWBS will form the starting point for local authorities in the development of their commissioning plans, enabling them to meet the standards set in the *Fulfilled Lives Supportive Communities Commissioning Framework - Guidance and Best Practice 2010*. These commissioning plans will be developed, as appropriate, with NHS partners and should provide more detailed plans for service development.

The statutory partners will be expected to review and update the strategy annually. The strategy should include a section on monitoring and review so that all partners, the local community, neighbouring Authorities and the Welsh Assembly Government know what to expect and how they will be involved.

## Chapter 1

### Content of the Strategy

A strategy should identify what must change and how that will be realised. The unique characteristic of the HSCWBS is that it requires the local authority and the LHB together to plan services which promote the health and well-being of the community, and deliver care working together. It is therefore the most important document setting out how the two bodies will work together and with others to co-ordinate their efforts in mobilising the total resources in the area. It will detail how to achieve the maximum impact for those who need services that are the responsibility of both bodies and to improve health and well-being generally.

To focus effort where successful joint endeavours will have deep and lasting benefits for local people, it is proposed that the HSCWBSs for the three years 2011/12-2013/4 should more narrowly focus on –

- (i) improving health and well-being and reducing inequities, that is inequalities in health that are unfair and avoidable
- (ii) improving the provision, quality, integration, and sustainability of ‘overlapping services’, that is services provided by the NHS, local government and their partners to certain specified groups, as identified below.

The requirements are set out in more detail below.

#### **A. Our Healthy Future**

##### **Background**

- a. In October 2009, the Minister for Health and Social Services approved *Our Healthy Future (OHF)* as Wales’ first strategic framework for public health. The OHF Technical Working Paper<sup>2</sup> includes a small set of actions

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<sup>2</sup> <http://wales.gov.uk/topics/health/publications/health/guidance/technical/?lang=en>

to be taken forward over the next three to five years. These include actions involving the Welsh Assembly Government, the NHS and Local Government.

b. The OHF framework should be applied at national, Local Health Board and Local Authority level. It has two goals, to improve the quality and length of life and achieve fairer health outcomes for all. To progress these, OHF is providing:

- strategic direction to 2020;
- themes and priority outcomes for action;
- a systematic approach to integrated planning and action which joins up effectively;
- a renewed call for partnership working to deliver the OHF goals;
- a platform for rebalancing systems and services to health improvement and problem prevention.

### ***Our Healthy Future* thematic structure and priority areas**

The thematic structure for OHF is not just a badge or logo. It is a tool to systematically structure thinking, planning and joining up within and across organisations to tackle the causes of ill health and promote the factors which contribute to good health and wellbeing.

OHF specifies ten priority outcomes and six themes. The priority outcomes have been selected because they are the biggest causes of preventable ill health, placing an unsustainable service and financial burden on society, the NHS, Social Services and the third sector. The six themes link together and have been selected as a way of connecting up action to address the priority outcomes. The OHF Framework is:

1. • Reducing inequities in health
2. • Improving people's mental well-being
3. • Improving health in the workplace
4. • Reducing the level of smoking
5. • Increasing physical activity
6. • Reducing unhealthy eating
7. • Stopping the growing harm from alcohol and drugs
8. • Reducing the number of teenage pregnancies
9. • Reducing the number of accidents and injuries
10. • Increasing immunisation rates



## HSCWBS Response to OHF

The HSCWBS provides a means of responding to OHF at Local Authority and LHB planning levels. It should be clear within the HSCWBS that arrangements are in place, or are being developed, to deliver progress and improvement against the priority outcomes. The HSCWBS should demonstrate:

- how activity is being taken forward by working through and across the themes
- the baseline being used and relevant targets
- the expected progress and improvement to be delivered at the end of the three year period

It is recognised that the OHF priority outcomes alone may not represent the breadth of public health issues which need to be included in the HSCWBS. Both partners have full discretion and flexibility to include additional public health issues in the

HSCWBS, including responding to specific actions which are supporting the social determinants of health, for example, the Stroke Risk Reduction Action Plan and Fuel Warmth Action Plans.

### **Alignment and integration at National, Local Health Board and Local Authority Level**

OHF is now integrated into the NHS Planning system with OHF-linked actions included in the NHS Annual Operating Framework for 2010-11. This is an example of alignment which will be reflected and strengthened further with the development of the prevention and promotion workstream of the 5-year Service Workforce and Financial Strategic Framework for the NHS in Wales. These are important steps in capturing the NHS commitment and contribution to OHF and the prevention and health improvement agenda.

The Prospectus for Local Authority Outcome Agreements was issued to Chief Executives and Leaders of all local authorities on 31st March 2010. The focus of the Prospectus is on securing outcomes to deliver true sustainable development and promoting the wellbeing of people in Wales over the longer-term. The development of the Agreements between the Assembly Government and individual local authorities will set out how each will work towards improving outcomes for the local people, within the context of the Government's national priorities. The Agreements will cover the three year period 2010-11 to 2012-13.

The Prospectus includes Strategic Themes with corresponding broad outcomes from which authorities are asked to select, depending on the needs and priorities of their local areas. The OHF goals are included and the corresponding broad outcomes to choose from are:

- Improved Health through the Lifecourse
- Reduced Inequities in Health
- Healthier Sustainable Communities

The other Strategic Themes in the Prospectus also complement OHF. The Prospectus is an important step in capturing the Local Government commitment and contribution

to OHF and the prevention and health improvement agenda. It also places a much greater emphasis on local authorities working with partners. The role and contribution of Local Authority Corporate Health Improvement Groups is also very important in developing the positive health impact of local authority services and community leadership activity.

## **Statutory Public Health Controls**

Public health protection is fundamental to delivering OHF, particularly in supporting the theme of Sustainable Healthy Communities. It is vital that existing statutory public health controls are maintained at levels appropriate to safeguard public health. For example, controls relating to environmental health include food safety; health and safety at work; environmental control; communicable disease control and housing.

The HSCWB response to OHF should reference the statutory public health controls and the contribution they make to addressing issues at national, local health board and local authority level

## **Existing Partnership Plans**

A range of partnership plans already exist which will deliver the OHF priority outcomes and these should be reflected in the HSCWB response. Examples include:

### **- *Creating an Active Wales Local Action Plans***

*Creating an Active Wales Strategic Action Plan*<sup>3</sup>, launched in January 2010, identifies the need to ensure effective co-ordination of local delivery of physical activity initiatives, with HSCWB partnerships being given the lead role. Building on the current Local Authority Partnership Agreements each local authority area will be required to produce a *Creating an Active Wales Local Action Plan* to address the broader spectrum of physical activity, engage a wide range of partners and support the implementation of the national plan through a single local platform for physical activity planning. These local plans will be

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<sup>3</sup> <http://wales.gov.uk/topics/health/improvement/index/active/?lang=en>

agreed through HSCWB partnerships. Guidance for their development will be issued later in 2010 and will include consideration of specific aspects such as walking and cycling to school. *Creating an Active Wales Local Action Plans* will deliver the physical activity priority outcome in OHF.

### **- *Obesity Pathway***

The rising levels of obesity in Wales represent a significant challenge and this is recognised in OHF. We need to work together to reverse the trend, to prevent millions of adults and children facing deteriorating health and a lower quality of life and government facing spiralling health and social care costs.

An all-Wales Obesity Pathway has been developed. Health Boards, working jointly with Local Authorities and other key stakeholders have been asked by 1 December 2010 to map local policies, services and cross-departmental multi-agency activity for both children and adults against the four tiers of intervention and to identify any gaps. The results of the mapping exercise should then be used to determine where best to focus effort. This will take into account the wide range of determinants which cause obesity and overweight to ensure they have planned activity against the full range of determinants which cause obesity and overweight and the opportunities to intervene. This could be considered as part of the Health Needs Assessment. The Pathway will deliver the reducing unhealthy eating priority outcome in OHF and should also influence Children and Young People's Plans, Community Plans and Local Development Plans.

### **- *Sexual Health and Wellbeing Action Plan***

This action plan is due to be launched in 2010. It will reinforce the Welsh Assembly Government's commitment to improving sexual health and wellbeing in Wales. Achieving improvement in sexual health and wellbeing outcomes in Wales will depend on a strong partnership response to implementing the action plan.

### **- *Local Public Health Strategic Frameworks***

The OHF Technical Working Paper included a commitment to provide guidance on developing Local Public Health Strategic Frameworks (LPHSF). This guidance fulfils that commitment. The intention is that the response to OHF, and any other information on public health issues, provided in the twenty two HSCWBs, should be aggregated at Local Health Board level into seven LPHSFs. These will provide an essential overview at the LHB area level.

The twenty two HSCWBs and the seven LPHSFs will support alignment and integration of the key planning and outcome focused processes, including the NHS 5-year Strategic Workforce and Financial Framework.

### **- Air Quality Action Plans**

Air Quality Action Plans Local Authorities are required under Section 84(4) of the Environment Act, 1995 to keep their plans under constant review. It is expected that this would be maintained through the completion of compulsory annual progress reports and periodic plan revisions, as set out in Policy Guidance document LAQM. PG (09).

### **B. Overlapping services**

Some people receive services provided by or on behalf of both a local authority and the NHS. The HSCWBS for the period 2012-2013/14 needs particularly to focus on the integration, quality and sustainability of services provided for this group. The effectiveness of the services provided by one agency often depends on what others do. That is one reason why the joint responsibility for the strategies has been put in place and the duty to co-operate has been made.

The service mapping should analyse how people move through services - for example, in health services and social services identifying existing care pathways from initial service access through different stages of referral, and how they can be improved. The aim must be to support the development of a balanced set of services that shift the focus towards prevention and early intervention, reduce social exclusion and promote independence.

Because of the complexity of organising such services there may be gaps, duplication or confusion, as when different agencies enter into separate and conflicting agreements with the same provider. At a time of financial constraint there is a further risk of unilateral service reductions and deliberate or inadvertent cost-shunting. All these potentially harm people's lives in the short term and cause worse problems in the longer term.

There is an urgent need in many areas for markedly better performance. Where this is poor, resources are wasted and chances lost to make lives better. That is why the government wants targeted action on tough issues where success really matters to people's lives, and clear and binding agreements where possible between the different agencies.

For each of the groups named below, and for others if they wish, the LHBs and local authorities should set out clearly in their HSCWBS:

- how services will be jointly planned, developed and managed to improve integration, eliminate waste, duplication and confusion, and minimise the likelihood of harm resulting from poor co-ordination of care
- how they will measure outcomes of care and improve them over time.

There is already national guidance around these areas, and in many areas there will be a range of services in place. The HSCWBS needs to show convincingly how services will work together around individuals, how the impact of the services is measured and how the services will be improved.

The purpose is not to force local agencies to produce lengthy, complex documents, but to require them to set out clearly for themselves, their partners and their local population how the services are managed and will develop. While health and social services bodies have a major role, so do others, including particularly housing bodies.

Local authorities have developed responses to *Fulfilled Lives, Supportive Communities*. The overall planning context for the NHS is set by work in LHBs on preparing a 5-year Service,

Workforce and Financial Framework. National workstreams will be supporting these local Frameworks. New guidance covering commissioning is being prepared for local authorities and a companion document will issue for the NHS. These will help align approaches.

The groups and the more specific planning guidance are -

Table 1	
older frail people	<i>The Older People’s Strategy; The National Service Framework for Older People; The Framework of Services for Older People (forthcoming)</i>
people with long-term conditions	<i>Designed to Improve Health and the Management of Chronic Conditions in Wales: An Integrated Model and Framework</i> and associated documents; guidance resulting from the National Workstream on Chronic Conditions
people with mental health problems	<i>The National Service Framework for Mental Health</i> ; guidance resulting from the National Workstream on Mental Health
people with learning disabilities	<i>The Statement on Policy and Practice for Adults with a Learning Disability; Learning Disability Strategy- Section 7 Guidance on Service Principles and Service Responses; Guidelines on developing a commissioning strategy for people with learning disabilities</i>
people with physical disabilities	<i>Moving Forward: Services to Deafblind People - Practice Guidance; The Community Equipment Initiative</i> ; outcomes of visual & hearing impairment benchmarking exercises; An independent living strategy (forthcoming)
people with substance misuse problems.	<i>Working Together to Reduce Harm The Substance Misuse Strategy for Wales 2008-2018; IFSS<sup>4</sup></i>

LHBs and local authorities should carefully analyse how effectively services are working together to achieve desired outcomes and options for more effective use of resources. Organisations should look at their resources in the round and

<sup>4</sup> The initial target group of the new Integrated Family Support Service (IFSS) is families where children are at risk or in need due to parental substance misuse. This will later extend to cover parental mental illness, learning disability and domestic violence.

how their patterns of practice interact, and together identify the best solution in the circumstances.

How this is done will be for local determination. The key issue is that it should be clear how local bodies are developing local arrangements to improve services and how they will measure and demonstrate progress.

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## Chapter 2

### Timetable and Consultation

Partners will be expected to adopt and publish their strategies by 1 April 2011.

Strategy preparation must be an open process, aiming to secure the best possible combination of services and eliminating problems at the interface between service elements. The Regulations impose on the local authority and LHB a duty of co-operation with named bodies. These include:

- (i) NHS Trusts serving their population;
- (ii) Community Health Councils serving their population;
- (iii) County Voluntary Councils or similar bodies operating in their area;
- (iv) the Welsh Assembly Government; and
- (v) other voluntary, business, private or other organisations concerned with or with an interest in the provision of health and well-being services to their population.

They must, in consultation with those with whom they are required to co-operate, prepare a procedure for co-operation.

The statutory bodies should also involve other organisations, bodies and groups who have a valuable contribution to make to the process. The Welsh Assembly Government expects local authorities and LHBs actively to involve such organisations and staff, patients, the public, service users and carers in assessing needs and strategy formulation, implementation and review. They should include children in this. They should support and encourage those with whom they are co-operating to help them make an effective contribution.

The statutory partners will need to consult on their draft strategy for a minimum of 12 weeks. Other partners such as the local voluntary sector will be expected to indicate explicitly how they will be contributing to and working with their LHB and local authority partners.

Consultation must be inclusive and must include the bodies listed above and the local population, neighbouring local authorities and NHS bodies, including where appropriate those in England, and other persons or organisations who are likely to be substantially affected by the strategy. Patients, users and carers will need to be consulted.

The approved strategies should be made widely available in a wide variety of paper and electronic forms to ensure easy access, supported by a communication strategy to engage the whole community in implementation.

It is important to feed back on progress made against achieving the objectives set out in the HSCWBSs to all partners, stakeholders and the local communities. Each partnership will evolve its own arrangements for this.

The Regulations are clear that the local authority and LHB must ensure that both the consultation draft and the final document must:

- contain an executive summary
- be in an accessible electronic form
- be available at their offices, at public libraries in their area or areas, and on the internet
- be published in English and Welsh, unless it is not reasonably practicable to do so.

They also require them to consult on both documents with bodies dealing with:

- race equality for their area or areas in relation to publication of the draft and adopted strategies in languages other than English and Welsh
- disability in relation to publication of the draft and adopted strategies in such forms or media as may make them reasonably accessible to people with a disability

and adopt their recommendations unless it is not reasonably practicable to do so.

## Chapter 3

### Planning Principles

The HSCWBS should be underpinned by the following key planning principles:

- sustainability and well-being
- an outcomes focus
- needs-based planning
- relationship with other partnerships and plans
- accountability and responsibility
- integration of planning and delivery including joint commissioning and pooling of budgets
- a commitment to equality and the Welsh Language.

### Sustainability and Well-being

The Welsh Assembly Government Sustainable Development scheme, *One Wales: One Planet*, issued In May 2009 provides a new integrating framework for government and the public sector. It states that '*all of our business decision-making will support sustainable development as the central organising principle*' and that sustainable development will be '*a core objective for the restructured NHS in all it does*'. In response public services must be much more effective in:

- enhancing the economic, social and environmental well-being of people and communities;
- making services as safe, effective and careful of resources as possible; and
- enhancing the natural and cultural environment and respecting its limits.

Sustainable development is not just about green issues but about how healthy society is, aiming to minimise avoidable harm and waste wherever it might occur.

Getting services right can help achieve policy aims across government, from tackling child poverty to creating national

prosperity. Changes within government should streamline working across departments and with the NHS and local government. At local level Local Service Boards are breaking down traditional patterns of working that have left difficult problems unresolved in the past.

## **An Outcomes Focus**

The HSCWBS should indicate how the partners will drive the change away from parallel, service-based planning to joint planning for agreed outcomes. The outcome for individuals is the crucial test of the effectiveness of services. For the client groups mentioned in table 1, local authorities and LHBs should identify current performance in terms of outcomes and the direction and pace of improvement that is needed.

The expectation is that the HSCWBS should be designed around changing outcomes, using a methodology such as Results-Based Accountability (see below) to specify the changes expected in care-patterns and outcomes for those using services. During the consultation process, views will be taken on what outcome indicators should be collected.

In thinking about outcomes, partners should not neglect the full breadth of well-being – physical and psychological; economic and material; community and social; and environmental. When preparing the strategies, local authorities, LHBs and other partners, such as Communities First Partnerships, should ascertain current performance in terms of their chosen outcomes, and the direction and pace of improvement that is needed.

Results Based Accountability (RBA), or Outcomes Based Accountability, embeds outcome based thinking in planning, delivery and accountability for partnerships and services.

RBA recognises the important difference between collaborative accountability for the conditions of well being of whole populations ("Population Accountability") and the individual accountability of projects, programmes and services for specific improvements to the lives of their service users as a result of their interventions ("performance accountability").

RBA provides a 7 step "Talk to Action" process for both Population and Performance Accountability and explains how both fit back together.

Further information on RBA can be found at [www.resultsaccountability.com](http://www.resultsaccountability.com) and [www.raguide.org](http://www.raguide.org).

## **Needs-based planning**

The HSCWBS should be based on an assessment of needs. This should not be a brief, infrequent, resource-intensive exercise, but an ongoing process of monitoring trends and changes in needs across the community. It should not be just in relation to health. Local organisations should together create a common pool of information that all of them can use to support all the strategies serving the local population. It should be used to identify issues that demand urgent remedy or which if unresolved will later generate avoidable costs and suffering.

In addition, local bodies should try to identify what is working well, for example, the assets that are available within and across Local Health Board and local authority areas. Engaged individuals and communities are a powerful resource in promoting their own well-being and others'. Often such strengths and the opportunities they present can be overlooked.

In undertaking these tasks, partners can draw on the new community needs assessments undertaken as part of the local authority reporting framework.

Public Health Wales and the Welsh Local Government Data Unit will have a core role in helping co-ordinate information, intelligence and evidence. The wide range of voluntary sector organisations and Communities First Partnerships are also valuable sources. The partners will be expected to involve the local community and stakeholders throughout the process. In this way, the views of those who use and provide the services can be fully integrated. Partners should not constrain their thinking within currently available data. If new data is required, work should be initiated to secure it.

## **Relationship with Other Partnerships and Plans**

The Local Service Board in each local authority area is responsible for ensuring that the range of local partners work effectively in integrating the different strategies that affect their area and in providing services to local people. Detailed arrangements will depend on local circumstance.

There are five over-arching strategies/plans that Local Authorities and partners are required to produce:

- (i) the Community Strategy;
- (ii) the HSCWBS;
- (iii) the Children and Young People's Plan
- (iv) the Local Development Plan
- (v) the Community Safety Plan and

During preparation and implementation, the five strategies/plans should be interlinked and cross-refer to one another, and their overall impact should be continually reassessed. It is important that all partners, stakeholders and the local community are clear how the plans inter-relate, to provide a clear and convincing vision for the future of services for the population and the action to be delivered.

The Children and Young People's Plans (CYPP) will be the defining statement of strategic planning intent and priorities for all children and young people's services in the local area.

The need to consider the role of the family is recognised in the new Integrated Family Support Service (IFSS). The IFSS brings together adult and children's service specialists to deliver an integrated, whole family focused service aimed at improving outcomes for the entire family and better safeguarding children. While this is currently being trialled in a limited number of pioneer sites, the issue it is addressing applies to all services and the new arrangements are likely to be extended across Wales from 2013.

Adopting a lifelong health and wellbeing approach is a key theme of Our Healthy Future.

## **Accountability and Responsibility**

A four level accountability relationship is needed in partnerships:

- accountability of partners to their own *governing authority*;
- accountability of partners to one another; and
- accountability of the partnership *to local citizens*.
- accountability of the partnership to *other partnerships*

Each partner is accountable for the delivery of services for which they are responsible. Clear management accountability across agencies is required at each planning level to ensure that shared priorities are agreed and actions are achieved.

Partnerships should have clear, shared and agreed governance arrangements in place to ensure that all these relationships, accountabilities, roles and responsibilities are understood by all. LHBs and local authorities are to understand that they are accountable for what they agree as a Partnership.

## **Integration of Planning and Delivery including Joint Commissioning and Pooling of Budgets**

Local partners should maximise the potential afforded by integrating services wherever possible.

Integration of services can encompass a range of possibilities:

- Multi-disciplinary working
- Multi-agency working from top to bottom
- Co-location
- Common processes
- Geographically based services
- The maintenance and improvement of service performance across children and young people's Services.

The crucial issue is accepting the joint formal responsibility for tackling issues, which can be supported by a range of

mechanisms, including joint appointments, shared premises, multi-agency teams, joint commissioning and pooled budgets.

The Welsh Assembly Government believes that effective partnership is essential for delivering real improvements in outcomes for the people of Wales. Improving outcomes means working across organisational boundaries to plan and deliver services in a truly joined up way, and an important sign of success is the alignment of resources to achieve specific priorities. This can include both jointly commissioning services and pooling budgets.

Existing legislation in the form of the National Health Service Act (Wales) 2006 and the Children Act 2004 provides significant scope for partners to enter into formal pooled budgeting arrangements and the legislation is supported by a series of guidance notes which are available at:

<http://wales.gov.uk/topics/improvingservices/poolbudgets/?skip=1&lang=en>

Practical expert support is also available for partnerships which are setting up formal pooled budget arrangements. For more details please contact the Local Service Board Team in the Welsh Assembly Government. Contact details are as follows:

email: [lsb@wales.gsi.gov.uk](mailto:lsb@wales.gsi.gov.uk)

## **A Commitment to Equality and the Welsh Language**

The partners will need to meet their responsibilities in relation to:

- a. equality and diversity requirements; each body will need to be prepared for the coming into force of the Equality Act 2010. When it comes into force, this Act will provide for a public sector general equality duty.
- b. the Welsh Language Act 1993; they should note recent critical comment from scrutiny bodies, especially with regard to the needs of specific groups, such as children

and young people and those with learning disabilities or mental health problems.

## **Evaluation**

The partners should review and report progress each year, reflect on changing circumstances and refocus their activities if necessary to achieve the objectives set out in the Strategy signed off at the start of the process. The partners are required to report their review to government each year; a copy of the review prepared for their own purposes will be sufficient.

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## **Annex A The requirements set out in regulation**

*All HSCWB strategies must address:*

- (a) the state of health and well-being of the local population;*
- (b) the health and well-being needs of the local population;*
- (c) the existing provision of health and well-being services to the local population;*
- (d) gaps or deficiencies in the provision of health and well-being services;*
- (e) risks to the health and well-being of the local population;*
- (f) factors affecting the health and well-being of the local population, including:*
  - (i) social, economic and environmental factors,*
  - (ii) health promotion and education, health protection and nutrition,*
  - (iii) the safety of food (and "food" for the purpose of this regulation has the meaning given in section 1 of the Food Safety Act 1990),*
  - (iv) community development and regeneration and sustainable development,*
  - (v) inequalities in health and well-being, disability, race, gender, language, age, sexual orientation, religion and belief,*
  - (vi) the access of the local population to health and well-being services and inequalities in access to such services,*
  - (vii) the availability of and access of the local population to public and community transport,*

*(viii) the availability of and access of the local population to education, training*

*(g) the anticipated health and well-being needs of the local population throughout the operative period;*

*(h) the improvement of the health and well-being of the local population;*

*(i) the provision of health and well-being services which will be required throughout the operative period to meet the health and well-being needs of the local population, and the effectiveness and efficiency of such services;*

*(j) the means of commissioning and delivery of health and well-being services;*

*(k) the financial or other resources which will be required to implement the strategy; and*

*(l) any directions or guidance given by the Assembly pursuant to section 24(7)(a) or (b) of the 2002 Act.*