

Advice note on partnership working – implications for health boards and NHS Trusts from the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015

INTRODUCTION

In April 2016 two significant new pieces of legislation came into effect that have an impact on the way the health service in Wales works with partners.

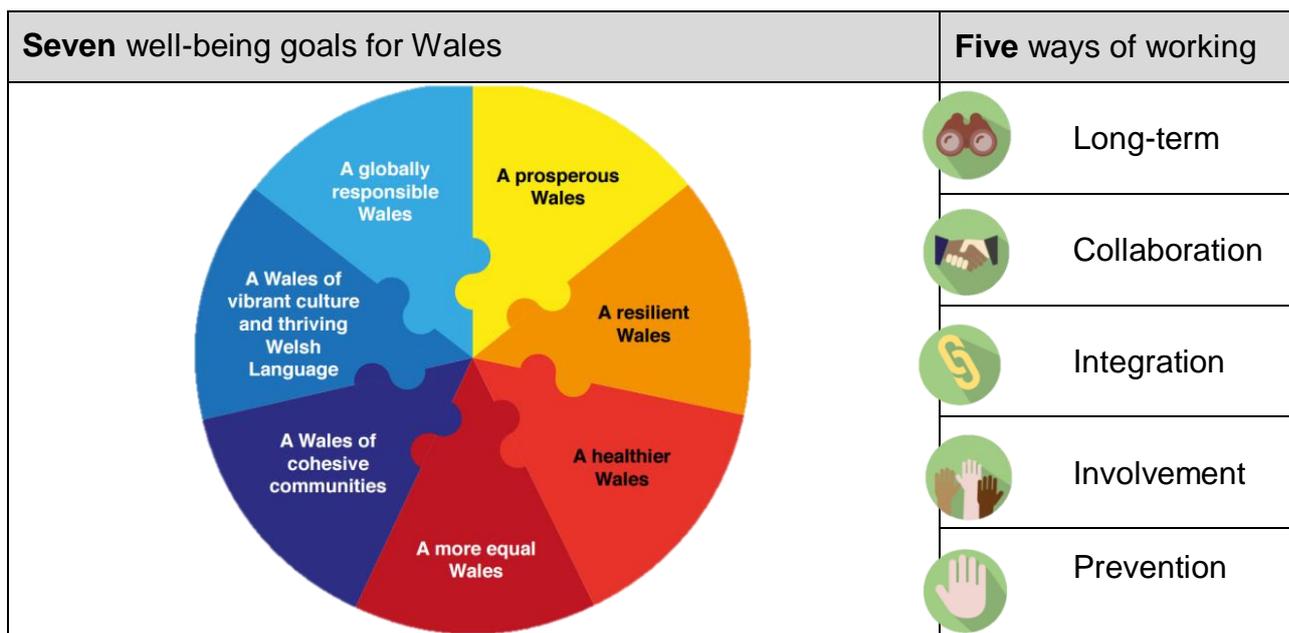
The Social Services and Well-being (Wales) Act 2014 ('SSWb Act') establishes the legal framework for transforming the way people's needs for care and support and carers needs for support are met. A key principle of this Act is the requirement for integrated and sustainable care and support services. The Act therefore provided for the establishment of seven regional partnership boards, on the health board footprint, which bring together health boards, social services, third sector and other partners. These boards must jointly assess, plan and provide efficient and effective services. Their purpose is to improve the outcomes and well-being of people with care and support needs, and carers who need support.

The Well-being of Future Generations (Wales) Act 2015 ("WFG Act") is about improving the social, economic, environmental and cultural well-being of Wales. It gives a legally binding common purpose – the seven well-being goals – for national government, local government, health boards and other specified public bodies. It details the ways in which these public bodies must work, and work together, to improve the well-being of Wales.

The WFG Act places specific duties on the 44 public bodies specified in the Act to act in accordance with the "Sustainable Development Principle", ensuring that decisions demonstrate how they have applied long term, preventative, integrated, collaborative approaches involving people that reflect the diversity of the population.

The WFG Act also places an additional duty on specified public bodies, including health boards, to act *jointly* via public services boards to improve the well-being of their area by contributing to the achievement of the well-being goals.

This advice note concentrates on the implications of the two Acts for **PARTNERSHIP WORKING**, including membership of public services boards and regional partnership boards.



This advice note is not designed to re-iterate the statutory guidance and codes of practice on the Acts. It is designed to support health bodies in Wales to understand the nature and scale of the changes required from the Acts. It does highlight generic sources of advice on responding to the legislation but also provides specific advice on responding to the Acts for the health sector.

This advice note is supplemented by information gained from two workshops with health boards, and the social services sector in spring of 2016. These workshops¹ were organised in collaboration with NHS Wales Directors of Planning in order to engage the health and social care sectors to explore their responsibilities under the Act, and critical issues for these organisations to manage as they adapt their partnership work to the WFG Act, were identified. Each section of the advice note reflects elements of the feedback from this event. Where possible, links to further information and guidance is provided.

It is assumed that readers will have read the 'essentials' guides on the WFG Act and SSWb Act, available at:

<http://gov.wales/docs/dsjlg/publications/150623-guide-to-the-fg-act-en.pdf>

and;

<http://gov.wales/docs/dhss/publications/160127socialservicesacten.pdf>

In addition to this the Welsh Government statutory guidance, *Shared Purpose: Shared Future SPSF 3: Collective role (public services boards² and Social Services and Well-being Act 2014: Part 9 Statutory Guidance (Partnership Arrangements)³* are of particular importance to the subject matter of this advice note.

¹ The Welsh Government commissioned Dr. Alan Netherwood of Netherwood Sustainable Futures to facilitate the workshops and to support the development of the circular on which this advice note is based.

² <http://gov.wales/topics/people-and-communities/people/future-generations-act/statutory-guidance/?lang=en>

³ <http://gov.wales/docs/dhss/publications/151218part9en.pdf>

This advice note is structured as follows:

1. A CHANGED PARTNERSHIP LANDSCAPE
2. EFFECTIVE GOVERNANCE OF PARTNERSHIP ARRANGEMENTS
3. COLLECTIVELY ASSESSING AND PLANNING TO IMPROVE LOCAL WELL-BEING
4. CITIZEN AND WIDER ENGAGEMENT
5. PARTNERSHIP CAPACITY AND SHARING OF FINANCIAL RESOURCES
6. SYSTEMATIC, CULTURAL AND LEADERSHIP DEVELOPMENT

1. A CHANGED PARTNERSHIP LANDSCAPE

Standards in public services can best be raised by partners working together. The health service in Wales is already working with a range of partners both regionally and locally to meet the needs of people. The SSWb Act and WFG Act seek to provide complimentary legal frameworks that include arrangements to support partnership working.

Regional partnership boards are being established at a health board area level to drive the integration of health and social services to plan and ensure the delivery of integrated, innovative services to best meet the needs of people with needs for care and support. They will be ideally placed to ensure prudent approaches to care and support.

Regional partnership boards must ensure partners work together to respond to the population assessment required by the Act and implement the joint area plans prepared in response to that assessment. (This is covered in more detail in chapter 3). They are also required to ensure there are sufficient resources and to promote pooled funds where appropriate. (Pooled funds are described in chapter 7).

They will specifically need to prioritise the integration of services in relation to:

- Older people with complex needs and long term conditions, including dementia
- People with learning disabilities
- Carers
- Integrated Family Support Services
- Children with complex needs due to disability or illness

Public services boards sit at the local authority area level and will involve a broader range of partners to look strategically at the wider economic, social, environmental and cultural well-being of the area. They will identify locally a small number of priorities for collective action across the area; which may or may not include care and support issues.

The WFG Act provides a common purpose for public services and partnership working around a set of seven well-being goals and details the way specified public bodies must work, and work together, to improve the well-being of Wales.

For the health sector, the WFG Act represents a significant opportunity to reframe the focus and understanding of health being not just the absence of disease or the treatment of illness. It has the potential to re-orientate the focus on the wider determinants of health and to challenge other public sector partners to see their contribution to prevention, health improvement and health protection.

In addition to the duty placed on certain bodies (including health boards) to act collectively to improve the well-being of their area as members of public services boards the sustainable development principle requires **all** the 44 bodies named in the WFG Act, including health boards and specified trusts, to work with others in a collaborative way in meeting its own well-being objectives.

Critical issues boards and trusts will need to manage alongside their partners are:

- the way governance arrangements for the regional partnership boards and joint committees align with public services boards in the region
- the extent to which the regional population assessments required by the SSWb Act inform the wider assessments of local well-being required for each public services board area

- the way regional partnership board objectives compliment the public services boards' wider wellbeing objectives in each area
- the way corporate planning and annual reporting in boards and trusts reflect both the objectives of public services boards and regional partnership boards

The key issues here are to manage the relationships between these two partnership levels (regional and local) and ensure that evidence, strategy and governance are aligned. Providing people of the right level and experience to manage this complexity from senior management, backed up by individuals involved in strategy and evidence gathering, will be important for all trusts and boards, but especially important for those interfacing with multiple public services boards.

These issues are explored in more depth in following chapters.

2. EFFECTIVE GOVERNANCE OF PARTNERSHIP ARRANGEMENTS

Effective governance arrangements are always crucial to support partnership working. The two Acts have established two sets of partnership arrangements for two distinct, but interrelated, purposes.

Regional partnership boards

Whilst regional partnership boards are the core infrastructure to achieve integration between health and social services, the Welsh Government has not been overly prescriptive in relation to the form which partnership arrangements under the SSWb Act are to take. This is to provide for a co-productive approach to the development of these arrangements which gains the commitment and ownership of partners. The challenge is for local authorities and health boards to be innovative and put in place effective arrangements to improve the impact of services in response to their population assessment.

The regulations prescribe a core membership for Regional Partnership Boards. These include at least one member and a representative of the health board. Any other persons can be co-opted to regional partnership boards as appropriate. This flexibility could help to ensure that members appointed are able to support governance and accountability arrangements.

Regional partnership boards can also establish sub-boards to take the integration agenda forward in specific geographic or service areas. They may establish a board, for example, to oversee the integration of services for people with learning disabilities or a board responsible for the development and integration of technology-enabled care services.

Public services boards

Health boards are named in the WFG Act as members of public services boards and as such come under the shared legal duty to contribute to the achievement of the well-being goals by collectively assessing the state of the well-being of the area; setting local objectives in local well-beings plan and taking all reasonable steps to meet those objectives.

The experience from the WLGA Early Adopter Programme was that existing governance arrangements in partnerships were insufficient to reflect the breadth of the WFG Act in terms of addressing all of the well-being goals and the adoption of the sustainable

development principle. Many authorities involved in this work saw the WFG Act as opportunity to embed the sustainable development principle and the multi-generational work in their activity and to 'fix' elements of what they perceive to be a dysfunctional system of partnership working at local and regional levels. These authorities saw the need to broaden representation on the public services board beyond the core members as cited in the Act as key. The role of the 'other' organisations whether voluntary bodies, agencies or national parks, were seen as critical to developing integration, involvement, innovation and sound well-being planning.

The WFG Act gives public services boards broad discretion to determine who they wish to participate in their work. Health boards, as core members of public services boards, should consider who else needs to be engaged and how they should be engaged (should they be asked to participate on an ongoing basis or involved at specific points or in specific pieces of work).

Public services boards will be under a duty not only to contribute to the achievement of the well-being goals by assessing, planning and taking reasonable steps, but to act in accordance with the sustainable development principle in everything they do – seeking to ensure the needs of the present are met without compromising the ability of future generations to meet their own needs.

The Early Adopter Programme showed how many local authorities had little evidence that the 'frame' of sustainable development was being applied consistently across their work. The local service boards involved in the work also referred to sustainable development as a 'notional' by-product of their work or in some cases, justified or retrofitted sustainable development to the activity that they were undertaking. Often, individual examples of sustainable practice were given as evidence of sustainable development as a central organising principle when this was simply not the case.

The governance challenge for public services boards is to apply the principle at the *beginning* of their work, then capture and explain how they are applying it while maximising their contribution to the well-being goals. Techniques will need to be developed that help public services boards to use the sustainable development principle upfront at a strategic level to *shape* (rather than justify) the preferred approach to strategy, policy, operations or services. These will also need to capture evidence to report on this issue.

As core members, health boards will need to consider how they can ensure governance arrangements maximise the contribution of the public services board to the well-being goals and consistently apply the sustainable development principle in its decisions and operations.

This could be addressed through:

- setting out a purpose & vision for each public services board which includes the long term wellbeing of current and future generations
- considering what adoption of the sustainable development principle as the core way of working would look like in practice for a public services board
- reflecting the needs of future generations in engagement activity and reporting
- making future generations, the long term and the sustainable development principle a distinct part of decision making, financial and risk frameworks

Reflections from the spring 2016 workshops provided some insight into the opportunities for change that public services boards represent:

- health boards should have a proactive approach to PSB responsibilities
- the WFG Act provides an opportunity to drive the health agenda through other organisations' activity and planning
- the WFG Act and public services boards provide an opportunity to develop relationships with partners to work on prevention
- Directors of Public Health have an important role and should be engaged in the changes required by the WFG Act
- the chance to use new structures for the WFG Act to align planning and development in areas
- the need to actively 'dovetail' the work of other partnership boards into public services boards
- to build on and adapt existing relationships from local services boards, while recognising the changed scope of public services boards
- the need for the community to get a voice on public services boards

How do the two acts align?

Both Acts set expectations/requirements that public bodies work together to improve outcomes; recognising that the needs of individuals, families and communities are met by multiple organisations.

Regional partnership boards and public services boards have different purposes. Regional partnership boards have a specific role to drive the integration of health and social services to plan and ensure the delivery of integrated, innovative care and support services. Public services boards will be looking more broadly at improving the wider economic, social, environmental and cultural well-being of the area.

However there will be a need for health boards to work closely with local authority partners in particular to ensure their relationship is complementary where there is common ground – for example where the integration of health and social care/care and support issues is identified as a key priority for a public services board; or where the activities of a public services board have implications for care and support services.

3. COLLECTIVELY ASSESSING AND PLANNING TO IMPROVE LOCAL WELL-BEING

Both Acts contain a key requirement for members of the boards to undertake an assessment to inform partnership working, and to prepare a plan setting out what they intend to do in response.

The SSWb Act focuses on the individual's care and support needs. The individual's well-being is a key part of the wider 'place based' concept of well-being used in the WFG Act, which encompasses environmental, social, economic and cultural well-being.

Population assessments

The SSWb Act requires local authorities and health boards to jointly carry out an assessment of the needs for care and support and support needs for carers. The assessment must also identify the range and level of preventative services necessary to

meet that need. Regulations allow for the production of a combined population assessment report on the health board footprint.

The first population assessment reports were published in May 2017. Supporting code of practice makes clear that these assessments must include a combination of quantitative and qualitative information that clearly sets out the care and support needs in relation to various core themes. In undertaking this assessment, there is also requirement for partners to engage with citizens, as well as the third and private sectors.

This population assessment will underpin the integration of health and social services by producing a clear and specific evidence base to which regional partnership boards must respond. It will also inform a range of other operational and planning decisions in relation to care and support services. For example it will inform, and be informed by, Integrated Medium Term Plans.

Public Health Wales and the Social Services Improvement Agency produced a toolkit to support partners in undertaking this assessment, including a statistical data catalogue.

Population assessments produced under the SSWb Act must be taken into account when undertaking the Assessment of Local Well-being required under the WFG Act. The full level of detail in relation to care and support needs required in a population assessment report will however not likely be required in a wider Assessment of Local-Well-being.

Assessments of local well-being

The public services board's assessment of local well-being should be an assessment of the 'state of place'. Population assessments required under the SSWb Act are only part of the 'picture' that needs to be painted of well-being in each area. Work is ongoing in Wales to develop a co-ordinated approach across regions to assessments of local well-being for example in the old Gwent area, where five authorities are exploring the evidence base for the assessment of local well-being together.

The two tasks that health boards face alongside their public services boards partners are to undertake situational analysis (what do we know about an area) and response analysis (how to address the priorities that are identified). There is some helpful non-statutory guidance on this issue⁴.

Data Information Unit Wales has developed a core data set to be used by public services boards as a 'starter for ten' to begin to assess well-being in the area and aid the production of the assessment. It will be just a part of the evidence base which public services boards will want to use to support their assessments, which is likely to also include local evidence and intelligence including the views of citizens. It aims to increase consistency and reduce duplication in the development of the assessments across Wales. It is intended to allow for greater focus and resource to be aimed at the analysis of the data and alignment for partners supporting more than one public services board⁵.

These issues with assessing the well-being of an area were acknowledged by participants in the spring 2016 workshop:

⁴ <http://gov.wales/topics/improvingservices/public-services-boards/?lang=en>

⁵ <http://www.dataunitwales.gov.uk/local-assessment-of-well-being-common-data-set-published>

- considering qualitative information far more. Numbers/data are not everything
- stepping back and get traction on what evidence is telling us
- bringing rigour to our evidence and policy in order to understand effective interventions
- asking the bigger questions for an area. Looking at the causes and treat the problems at source
- improving collaboration on joined up approach to data analysis for assessments
- capturing the narrative, case studies and anecdotes and using proxy indicators
- not letting key performance indicators (KPIs) drive out other good things
- is expertise in place to assess the impact and success of work for the local population?

Planning in response to the assessments

Area plans

In response to the population assessment, local authorities and health boards must produce area plans. The purpose of these plans is to provide a description of the range and level of services to be provided, or arranged, to respond to the care and support needs identified in the combined population assessment reports.

In keeping with the population assessments, area plans should be prepared jointly within a regional partnership board by the health board and the local authorities within that health board's area. Joint area plans should focus on how partners will deliver integrated services in relation to the following core themes set out in the population assessments. These are:

- children and young people;
- older people;
- health/physical disabilities;
- learning disability/autism;
- mental health;
- sensory impairment;
- carers who need support

The first area plans must be published by 1 April 2018.

Regional partnership boards are required to implement these plans. Whilst these plans will deal specifically with services to meet the care and support needs of people, and the support needs of carers, they should inform, and be informed, by the wider both local well-being plans provided for by the WFG Act. Both plans should similarly inform and be informed by Integrated Medium Term Plans.

Local well-being plans

Each public services board will prepare a local well-being plan setting out its shared objectives for improving the well-being of the area and the steps which will be taken to meet these objectives. In choosing these objectives the boards will have regard to any matters mentioned in the assessment of local well-being, which will provide the robust evidence base for a board to determine (and justify) the objectives it sets.

The objectives must accord with the sustainable development principle, with the right balance struck between delivering for the short term and doing so in the context of priorities for the long term.

The WLGA Early Adopter Programme addressed the questions of long term strategy in the PricewaterhouseCoopers/NSF publication Generation 2050: Better Long Term Decision Making. This contains exercises and case studies for senior decision makers to use to focus on long term strategy.

In addition there are two diagnostic tools available, a detailed cross organisational analysis and diagnostic 'light' which both feature sections on strategy – and the key characteristics of strategy which responds to the WFG Act .These may be useful to use at public services board level to inform the Local Well-being Plan process. There is also an 'officer' briefing sheet on Strategy from the WLG Act Early Adopter Programme which might be useful in considering this issue.

Health boards will actively need to manage the following issues:

- adopting a longer term planning horizon developing a long term culture within the PSB (10-20-30 years)
- managing broad input at a local level, effectively engaging with a number of well-being planning processes, including the two assessment processes across board and trust 'footprints'
- shifting the emphasis to place based as well as needs based well-being

Learning from the WLGA Early Adopter Programme suggests there are some key elements of assessing and planning which need managing at the public services boards, by **all** the core members including health boards.

- developing and communicating the local well-being plan and the assessment
- the need for a fundamental shift towards longer term time horizons, particularly in terms of the assessment of local well-being to consider long term trends, long term risks, long term data and the needs of future generations
- the need to develop long term policy narratives for an area to provide the context for preventative action

Participants at the spring 2016 workshop identified specific issues to manage through engagement with public services board strategy:

- assessing the impact of our own organisations on social, environment, economic and cultural well-being
- aligning priorities where possible, but have systems for managing difference where necessary – e.g. public services boards agenda v national health service performance management
- developing a common understanding and definitions to governance, well-being, prevention, assets and risks
- resolving issues of short term monitoring of public services boards partners and the public services board itself v activity which responds to long term outcomes of strategy
- "health" and "well-being" are not interchangeable terms. When at a public services board you need to broaden your view to take account of other organisational remits

Linking partnership working and corporate planning

The members of public services boards are also individually subject to the well-being duty on public bodies and as such are required to set their own well-being objectives and to reflect these in their corporate plans. These are distinct, but complementary duties – requiring public bodies to think both about what their own objectives as an organisation are and what the shared objectives for the areas they operate in are.

These objectives, and the steps which are being proposed to meet them, do not need to be different. There may well be instances where well-being objectives set by a health board are also shared priorities for the area and included in a local well-being plan.

This means that over time health board corporate plans will be informed by and where appropriate align to public services boards local well-being plans. This provides a challenge to health boards to align their corporate objectives to multiple local well-being plans. The first local well-being plans won't be published until mid 2018.

The population assessment and the plans prepared in response, will also inform a range of other operational and planning decisions in relation to care and support services. They will inform, and be informed by, Integrated Medium Term Plans.

4. CITIZEN AND WIDER ENGAGEMENT

Linked to the requirement for partners to work together, both Acts also provide for partners to involve individuals and communities in their work. When undertaking partnership working, the NHS in Wales will always need to put this in the context of simultaneously engaging with people.

The SSWb Act requires a culture where an equal relationship exists between practitioners and people who need care and support, including carers who need support. This will lead to a focus on outcomes rather than processes and outputs both at the individual and strategic level.

People with care and support needs, along with carers, must be involved in the process of undertaking the population assessment required by the SSWb Act. This will enable people to have the opportunity to articulate what they perceive the needs in an area are and what services are needed to meet those needs, including in terms of preventative services.

Third sector organisations and private sector organisations, such as care home providers, will also have knowledge and expertise that will inform a population assessment. Health boards and local authorities must also engage with these groups when undertaking a population assessment.

Continuing this principle, regional partnership boards must also include as members one person to represent the needs of people with care and support and one person to represent the needs of carers. A further two persons are required as members to represent the third sector. These members will help ensure that integrated services provided by the board in response to the population assessment are co-produced.

There is an equally strong emphasis on involvement in the WFG Act. A public services board is required to consult widely when preparing both its assessment of local well-being and its local well-being plan. It is also required to set out in its terms of reference proposals for involving people who the board thinks are interested in the area's well-being over and above formally consulting on the assessment and plan.

One of the other key factors highlighted in the spring 2016 workshops was the need to engage service users in public services board activity and develop a step change in citizen engagement:

- how do we harness the citizen voice to make change happen? They need to be heard by the public services board
- there should be a real focus on community being part of the process, having a voice
- change meeting attendees/structures/venues/approach – open up meetings to the public
- how does the public know what decisions are being made and where?
- utilise citizen/public stories more
- clear and consistent communication with communities
- make sure citizens are involved (not just the Executive Board)

5. PARTNERSHIP CAPACITY & SHARING OF FINANCIAL RESOURCES

Partnership Capacity

It is very likely that public bodies on public services boards will be in very different places on how they see the WFG Act in relation to their current agendas, and their ability to understand its implications. For some it is likely to be 'business as usual' for others the Act may represent an opportunity to frame changes already planned. The public services boards could utilise some of the tools developed through the Welsh Local Government Association to ascertain, as a partnership, where the various partners are in relation to the Act. The programme developed a diagnostic 'light' tool and a 'spectrum of response' to help authorities explore this issue. This could be used at a public services board level to explore different organisation core business and the wider requirement of the WFG Act to think and act more broadly in order to contribute to the well being goals.

Other tools developed through the programme can help build capacity in boards on both applying the sustainable development principle and adapting systems and processes, across the public services board. These include a Leadership Programme, Member Training Modules; Officer Briefings; System & Process Analysis; and 2050 Scenarios. Some of these have a particular citizen focus, focusing on impacts on citizens and households.

Sharing of Financial Resources

Regional partnership boards are required to consider the need to establish pooled funds whenever they do things jointly in response to the population assessment of care and support needs required by the SSWb Act. There is some flexibility in relation to the nature of those pooled funds. For example, a single pooled fund could be established between all partners or alternatively, there could be individual agreements between two or more partners within a region. Once again, local determination should inform the most appropriate arrangement in response to the population assessment required by the SSWb Act.

Pooled funds will also be required in relation to the exercise of family support functions and, from April 2018, the exercise of functions relating to the provision of care home accommodation for adults. The Welsh Government's expectation is that pooled funds in relation to care home accommodation functions be established jointly at the regional level between the health board and all the local authorities within the partnership area. This is because delivering sustainable services that improve well-being outcomes is about collaboration as well as integration.

Pooled funds are a key mechanism to support the integration of health and social services and will support a more effective allocation of resources. They are clearly not a solution in themselves. What must underpin this approach is a real and genuine understanding of the needs of the population and an absolute commitment to deliver services through integrated approaches.

Regional partnership boards also have oversight and ensure the effective use and delivery of the Integrated Care Fund (ICF), managing this funding from Welsh Government as if it were a pooled fund. ICF has been used to drive partnership working and collaboration to maximise support and independence for frail and elderly people requiring intermediate care and support. Models of care and support developed through the ICF include preventative and reablement solutions, single points of access, housing and tele-care improvements, rapid response teams, dementia care and seven-day social work support. These initiatives have created increased capacity in the care system and improved consistency in the provision of services within regions. These achievements could only have been achieved through the culture of collaboration and partnership working.

Financial resource management is also a key issue for public services boards as they respond to the WFG Act. This goes beyond how the board is 'serviced' administratively. A critical success factor for public services boards to achieve their shared outcomes and goals will be the extent to which they are able to establish a clear and accountable framework for collaborative long term financial planning and resource allocation on the priorities they identify. There have been many examples of individual/specific projects/programme/activities across local services boards which have demonstrated effective collaboration of resources between stakeholders. However, the step change required to move to a position where public services board members have a truly integrated approach to aligning resources to achieving shared outcomes, should not be underestimated. In particular consideration needs to be given to whether or not the current financial frameworks, timeframes and standards frustrate or support financial collaboration and if there is sufficient capability to build collaborative financial plans that reflect long term time horizons. If this critical aspect is not addressed achieving the aspirations of the well-being goals will be challenging.

Public services board terms of reference should aim to set out a clear commitment to resource management across the public services board. The Vale of Glamorgan public services board has adopted a positive approach to this issue, including clauses on:

- nominating individuals from within respective organisations to lead areas of work
- communicating the importance of partnership working, emphasising that it is 'part of the day job'
- reflecting the priorities of the board within organisational strategies and plans
- addressing resource challenges which are impeding partners' progress in priority areas

Cwm Taf's public services board terms of reference include clauses on sharing expertise, use of shared assets and pooled budgets.

Health boards (and trusts as partners of public services boards) should be adopting a general commitment to explore ways to share resources to enable the public services boards to operate and show how funding is being used to progress the well-being goals. They should ensure that terms of reference include a form of words to commit to this.

These issues were picked up in both workshops, where delegates found the following key issues:

- financial arrangements could remain a significant barrier to long-term population well-being
- we need multi-year funding
- increase the capacity to capture and report on whole system benefits
- the need to attract capital funding to help us achieve the well-being goals
- we need to move the finance discussion from “What is the cost of my budget” to “What is the cost to our community?”
- more partners = more resource – which should be a win-win
- how can we better align resource allocation and investment decisions with well-being goals?

Others were concerned with the practicalities of sharing resources:

- establish joint posts
- establish a financial target around % of spend on prevention
- share back office/support functions - this would make partnerships between (e.g.) health and social care staff easier if we shared a finance department

Further information on the impact of the WFG Act on Financial Management is available in the form of an Officer Briefing Sheet on the WLGA website.

6. SYSTEMATIC, CULTURAL AND LEADERSHIP DEVELOPMENT

A major issue for boards and trusts is the extent to which systemic, organisational and leadership culture will impede or facilitate the aims of the two Acts. The spring 2016 workshops provided a strong message that organisational and partnership culture needed to change fundamentally, including at a public services board and regional partnership board level, and that bodies needed to come together in a different way than before.

The way that leadership engages with this legislation is also deemed to be critical, with many suggesting there was a need to increase understanding of senior leaders and partners of the change required. For boards and trusts it was felt that executive and management leadership was needed, with a key role in influencing the nature of work and providing strategic oversight. This will be especially important for those health bodies working across multiple public services boards. The person designated to attend the board should have the authority to make decisions on behalf of the health board.

There were some specific suggestions in the workshops about qualities or interventions from leaders which would encourage a change in focus of board work with public services boards: “permission giving”; evidence focused; well managed risks; headroom to experiment.; focus on 20-25 years; engage disruptive talent; bring new skills and people to discussions around WFG Act and public services boards work.

In addition to the WFG Act diagnostic tool previously mentioned there are three resources which might be useful to boards and trusts to help to develop some leadership and organisational culture around the Acts, especially regarding work with public services boards.

The first is the Wales Local Government Association/PricewaterhouseCoopers/NSF publication *Generation 2050: Better Long Term Decision Making*^{Error! Bookmark not defined.}. This

contains exercises and case studies for senior decision makers to use to focus on long term *place based* multi-generational outcomes.

The second is a specific Sustainable Development Leadership Programme developed by PricecoopersWaterhouse as part of the WLGA work which includes training sessions, active learning and training tools, together with a trainer's manual, to develop leadership skills in this area.

The third is the Academi Wales Leadership Programme and learning materials⁶, which are being increasingly framed around the WFG Act through joint values, working principles and behaviours which fit with sustainable development principle and well-being goals. Courses, learning resources and publications are available.

Many of the observations made at the workshops were about the changes needed in the way that public bodies work together as a result of the WFG Act:

- Welsh Government needs to think through and consider its enabling role “to release the shackles” on boards and trusts to respond to the legislation
- barriers to sharing information will have to go. Open data and asset sharing must happen
- need to be specific about what isn't working and accept organisations challenging one another on this
- vesting control and power in other organisations – letting go – particular elected members on short-term electoral cycles
- recruit challenging mould-breakers (value this!) – some secondments/exchanges.
- engage with each other and listen
- make the transition between public services more simple – moving across organisational boundaries is currently complex
- our common language (vocabulary) needs to include the WFG Act

The Welsh Government will continue to work with health boards and trusts on those elements of support that would benefit from national coordination.

The general duty of the Future Generations Commissioner for Wales is to promote the sustainable development principle, in particular to encourage public bodies to take greater account of the long-term impact of the things that they do. The Commissioner may provide advice or assistance to a public body in relation to this.

⁶ <http://www.academiwales.org.uk/uploads/attachments/DZNL75p5H.pdf>