

## PSB 27

Dulliau gweithredu lleol ar gyfer lleihau tlodi:

Deddf Llesiant Cenedlaethau'r Dyfodol a byrddau gwasanaethau cyhoeddus

Local Approaches to poverty reduction:

The Well-Being of Future Generations Act and public service boards

Ymateb gan: Bwrdd Iechyd Prifysgol Betsi Cadwaladr

Response from: Betsi Cadwaladr University Health Board

Betsi Cadwaladr University Health Board provides this response to the Equality, Local Government and Communities Committee to address the three key issues the Committee have identified in the Terms of Reference for the inquiry into Public Service Boards (PSBs):

- To gain an understanding of the structure and functions of the PSBs;
- To explore the effectiveness of PSBs, resourcing and capacity; and
- To gather evidence of issues or barriers that may impact on effective working, and examples of good practice and innovation.

### **1. Structure and functions of Public Services Boards**

1.1 Betsi Cadwaladr University Health Board (BCU HB) is a partner in the four PSBs in North Wales:

- Wrexham PSB;
- Flintshire PSB;
- Conwy and Denbighshire PSB; and
- Gwynedd and Ynys Môn PSB.

1.2 BCU HB is supportive of the decision that was taken in the establishment of the PSBs merger of Conwy & Denbighshire, and Gwynedd & Ynys Môn PSBs. The PSBs in those Local Authorities are now aligned to the boundaries of the BCU HB Area Management Teams and the West and Central Areas. To support six PSBs would have been more challenging in terms of active involvement of senior officers within the Health Board and equally to other partners working across multiple Local Authority boundaries.

1.3 The Health Board is represented on all three PSBs by the relevant Area Director. A nominated Executive Director has also attended each of the PSBs. However, the Chief Executive of BCU HB has now written to confirm his intention to attend each PSB, to add his personal contribution.

1.4 In addition, the Health Board has nominated a lead officer in each Area to work with the local PSB Officers Group. The Assistant Director - Health Strategy works closely with the regional PSB Officers Group, together with the Associate Director of Public Health.

- 1.5 The membership of each PSB does vary across the BCU HB area. In addition to the four statutory members and the statutory invited participants, some of the PSBs in North Wales have invited additional representation. Public Health Wales NHS Trust is represented on all four PSBs. Additional members invited to PSBs according to local determination include the Colleges and Universities, Snowdonia National Park, Housing and Town and Community Council representatives.
- 1.6 All four PSBs have a breadth of public service partners in attendance, as well as third sector organisations. This has further strengthened existing partnership working arrangements across the Health Board and opened up opportunities for collaboration with extended PSB partners.
- 1.7 A decision was taken by three of the four PSBs, on their establishment, that BCU HB would be asked to chair the Boards. This was to ensure ownership of the PSB within the Health Board and also ensure that the PSBs were not seen as performing a similar role to Local Authority Committees. It was also to align with the new Area based structure in BCU HB and to demonstrate support to this more localised arrangement.
- 1.8 All PSBs hold their meetings in public as part of their commitment to openness, transparency and local accountability.
- 1.9 Each PSB meets approximately once per quarter (sometimes more frequently) and the location of meetings varies in each PSB area.
- 1.10 Within BCU HB, the Strategy, Partnerships and Population Health Committee has been identified as responsible for receiving regular performance and assurance reports from the PSBs. The Committee is a formal sub-committee of the Board, is chaired by an Independent Member and the Executive Lead is the Director of Strategy. This Committee is also tasked with ensuring that partnership governance arrangements reflect the principles of good governance with the appropriate level of delegated authority and support to discharge their responsibilities; and monitor sources of assurances in respect of partnership matters ensuring these are sufficiently detailed to allow for specific evaluations of effectiveness.

## 2 Effectiveness of PSBs, resourcing and capacity

- 2.1 The secretariat for each PSB is provided by our partner Local Authorities. The Health Board has provided support to each of the PSB Teams through the allocation of Officer time to support activities e.g. consultation and engagement meetings, editorial input or data collection and analysis.
- 2.2 The funding made available to PSBs by Welsh Government has been used to commission a range of support, co-ordinated through the North Wales Public Services Officers' Network. This has facilitated a degree of consistency of approach between the PSBs. It has also enabled more effective use of the resources to address shared priorities or development needs, whilst retaining local ownership.

- 2.3 The development of the well-being assessments displayed, in the main, a level of consistency as described above, arising from collaboration and co-operation within the Officers' Network. The Well-being Plans which were developed subsequently display more variation and reflect local priorities. This feels appropriate, in that the role of the PSBs is to improve the economic, social, environmental and cultural well-being of its area, in working to achieve the well-being goals within the Well-being of Future Generations (WFG) (Wales) Act 2015.
- 2.4 The variation in approach and the resultant differing priority areas may present some challenge to a Health Board working to the strategic framework of the **Living Healthier, Staying Well** strategy and three year plan, yet covering six Local Authority areas. The priority areas identified within the Well-being Plans are all, however, consistent with BCU HB well-being objectives and strategic programmes.
- 2.5 The well-being assessments were approved by the Health Board in the early part of 2017. The Well-being Plans were approved by May 2018.
- 2.6 Following approval of the Well-being Plans, the PSBs are establishing delivery mechanisms to enable and drive progress against the agreed well-being objectives.
- 2.7 It will be a challenge for the Health Board to ensure that the delivery workstreams can be supported and progressed, given the requirement for the Health Board to deliver against performance, financial and quality targets required within the NHS Wales Planning Framework and our three year plan. There is an opportunity, however, to develop further the broader contribution the Health Board needs to make towards the well-being of local communities, and embed partnership and collaboration effectively.

### **3. Evidence of issues or barriers that may impact on effective working, and examples of good practice and innovation**

- 3.1 In all PSBs there is a real sense of willingness and support from PSB members to make progress against the PSB well-being objectives. All partners can see the potential collective and organisational benefit of the actions that have been agreed but organisational pressures can sometimes restrict the capacity of the Health Board, and other partners, to contribute as fully as they would like to the work.
- 3.2 The WFG Act has driven the Well-being Plans to focus on areas of collective action where the PSB members can make progress working together. However, formal feedback received from external organisations during the consultation periods have raised different expectations and the PSBs are working to ensure that the overarching Well-being Plans continue to bring "added value" rather than being operationally focused.
- 3.3 It is our sense that the PSB agenda will mature and the working relationships will mature over time. However, it remains a challenge for PSB members, as well as individual public bodies, to develop the ways of working which will

contribute to the longer term national well-being goals, and make the best of the opportunity provided by the WFG Act 2015 – taking the opportunity to change the way we work together, rather than continuing with business as usual.

- 3.4 There remains a need to ensure that the scope and authority of the PSBs is clearly identified within the partnership arena. The Regional Partnership Board, required under Part 9 of the Social Services and Well-being (Wales) Act 2014, brings a range of different partner agencies together to address the requirements of that Act. The Health Board needs to contribute effectively to both sets of statutory partnership arrangements, and each partnership needs to shape its contribution to the overall well-being of the North Wales population effectively, managing work programmes to avoid duplication and maximise the impact of shared resources.